

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Filing at a Glance

Company: Sagicor Life Insurance Company

Product Name: FISPLWIP

TOI: L071 Individual Life - Whole

Sub-TOI: L071.511 External Index - Single Premium

Filing Type: Form

SERFF Tr Num: WESA-125356788 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 37404

Co Tr Num: 1005

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Darcy Lebau

Disposition Date: 06/19/2008

Date Submitted: 11/14/2007

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: FISPLWIP

Project Number: 1005

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/19/2008

State Status Changed: 06/19/2008

Corresponding Filing Tracking Number: 1005

Filing Description:

Re: Sagicor Life Insurance Company

NAIC Company Code: 60445

FEIN: 74-1915841

SERFF Filing No.: WESA-125356788

Individual Policy and Form Filing

Fixed Indexed Single Premium Whole Life Insurance Policy Form 1005

Fixed Indexed Supplemental Application Form 5018

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Illustration Form 7019

Disclosure Supplement to Application Form 7024

Supplemental Illustration for Loans Form 7025

Supplemental Illustration for Chronic Illness Form 7026

Annual Statement Form 4048

Company Information Page Form 7027

Advertising Brochure Form 9008

Statement of Policy Cost and Benefit Information Form 7023

Statement of Variability

Index Whole Life Factors

Illustration Certifications

Actuarial Memorandum

Certificate of Compliance for Annual Actuarial Opinion and Memorandum

Certification of Compliance for Rule 19

Readability Certification

Certification of Compliance for Advertising Materials

Certification of Compliance with Agent Education Requirements

Certification of Compliance for Policy Summary Disclosure

Letter of Authorization

Arkansas Notice to Policyholders Form S0034A (AR)

Arkansas Guaranty Association Notice Form GA (AR)

Honorable Commissioner Bowman:

On behalf of Sagicor Life Insurance Company ("Sagicor"), Westmont Associates, Inc. is submitting a Fixed Indexed Single Premium Whole Life Insurance Policy along with the forms listed above for review and approval pursuant to Ark. Code Ann. §23-79-109(a)(1). An authorization letter permitting Westmont Associates, Inc. to submit this filing was previously submitted.

The enclosed forms are new and do not replace any previously approved forms. Also enclosed for review and approval are an Actuarial Memorandum and rates.

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPWLP</i>		
<i>Project Name/Number:</i>	<i>FISPWLP/1005</i>		

The Fixed Indexed Single Premium Whole Life Insurance Policy is a single premium Policy that is payable upon the death of the owner. Five Settlement options will be available. The policy is non-participating and is individually underwritten through a simplified underwriting process.

Sagicor intends to offer multiple investment strategies. Initially, those strategies will be the Declared Rate strategy, the S&P 500® strategy, and a Multi Index strategy. The S&P 500® strategy is a one year, point-to-point strategy, with the maximum interest rate equal to the cap. The Multi-Index strategy is a three-year, point to point strategy, with a varying participation rate. For the Declared Rate strategy, the interest rate for the year is declared annually.

The following approved forms will be used with the above forms:

Application, Form 5009 [Approved 07/25/07] [SERFF Tracking # AMFD-125220404]
Product Suitability Form 5015 [Approved 06/25/07] [SERFF Tracking # AMFD-125146616]
Accelerated Benefit Insurance Rider Form 6013 [Approved 05/01/07] [SERFF Tracking # AMFD-125121880]
Accelerated Benefit Insurance Rider Disclosure Statement Form 6017 [Approved 05/01/07] [SERFF Tracking # AMFD-125121880]

These forms will be illustrated using the base illustration form 7019 and/or the supplemental illustration forms 7025 and 7026. Form 7025 illustrates loans and Form 7026 illustrates chronic illness. Form number 7019 is for both the Base Summary Illustration and the Base to Maturity Illustration. The agent will have the option to choose the summary illustration or age to maturity illustration. Form number 7027 is the Company Information page that will be used with this illustration, along with other illustrated products that Sagicor may develop in the future.

This policy form will be sold by licensed general agents. The process will conform to your State's requirements with respect to consumer disclosures, signatures (UETA) and right to examine provision.

Sagicor requests approval of bracketed information on a variable basis to reflect different account information. A statement of variability is enclosed. Please be assured that these forms will be used in accordance with all applicable state laws and regulations.

The attached forms have been completed in a John Doe fashion.

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Please note that Sagicor may change the appearance and pagination but not the text of these forms to comply with future changes in print systems. No font will be less than a 10 point font size. The color and/or weight of the paper on which these forms are printed may change. No changes to the text other than correction of typographical errors will be made to the forms without re-filing them with you.

These products are being submitted concurrently to Sagicor's domiciliary state of Texas.

In accordance with Arkansas' filing requirements, please find the following:

- Cover Letter
- Letter of Authorization
- Statement of Variability
- Index Whole Life Factors
- Actuarial Memorandum
- Illustration Certifications
- Readability Certification
- Certificate of Compliance for Annual Actuarial Opinion and Memorandum
- Certification of Compliance with Rule 19
- Certification of Compliance for Advertising Materials
- Certification of Compliance with Agent Education Requirements
- Certification of Compliance for Policy Summary Disclosure
- Arkansas Notice to Policyholders Form S0034A (AR)
- Arkansas Guaranty Association Notice Form GA (AR)
- Forms

If you have any questions regarding this submission, please do not hesitate to contact me. Thank you for your attention to this matter.

Respectfully Submitted,

SERFF Tracking Number: WESA-125356788 *State:* Arkansas
Filing Company: Sagicor Life Insurance Company *State Tracking Number:* 37404
Company Tracking Number: 1005
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.511 External Index - Single Premium
Product Name: FISPWLIP
Project Name/Number: FISPWLIP/1005

Darcy Lebau

Darcy@westmontlaw.com

Encl.

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Darcy LeBau, darcy@westmontlaw.com
25 Chestnut Street, Suite 105 (856) 216-0220 [Phone]
Haddonfield, NJ 08033

Filing Company Information

Sagicor Life Insurance Company CoCode: 60445 State of Domicile: Texas
4243 N. Scottsdale Road Group Code: Company Type:
Suite 300
Scottsdale, AZ 85251 Group Name: State ID Number:
(800) 531-5067 ext. [Phone] FEIN Number: 74-1915841

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Per Bulletin 12-81, the greater of the state filing fee (50) or retaliatory fee (100).
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
25873	\$100.00	11/13/2007

SERFF Tracking Number:	WESA-125356788	State:	Arkansas
Filing Company:	Sagicor Life Insurance Company	State Tracking Number:	37404
Company Tracking Number:	1005		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.511 External Index - Single Premium
Product Name:	FISPLWIP		
Project Name/Number:	FISPLWIP/1005		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/19/2008	06/19/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	12/04/2007	12/04/2007	Darcy Lebau	03/17/2008	03/17/2008
Industry Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Fixed Indexed Form Single Premium Whole Life Insurance Policy		Darcy Lebau	06/17/2008	06/17/2008
Certification of Compliance	Supporting Document	Darcy Lebau	06/17/2008	06/17/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response	Note To Reviewer	Darcy Lebau	06/17/2008	06/17/2008
Extension of Time	Note To Filer	Linda Bird	06/16/2008	06/16/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Extension of Time	Note To Filer	Rosalind Minor (FM)	05/16/2008 05/16/2008
Request please	Note To Reviewer	Darcy Lebau	05/15/2008 05/15/2008
Reply to Note	Note To Filer	Linda Bird	05/02/2008 05/02/2008
Reply to Note	Note To Reviewer	Darcy Lebau	05/02/2008 05/02/2008
Amendment	Note To Filer	Linda Bird	05/01/2008 05/01/2008
Amendment	Note To Reviewer	Darcy Lebau	03/18/2008 03/18/2008
Amendment	Note To Filer	Linda Bird	03/18/2008 03/18/2008
Request for Extension	Note To Filer	Linda Bird	03/14/2008 03/14/2008
Request for Extension	Note To Reviewer	Darcy Lebau	03/13/2008 03/13/2008
Objection Letter of 12/04/2007	Note To Filer	Linda Bird	03/13/2008 03/13/2008

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPWLP*

Project Name/Number: *FISPWLP/1005*

Disposition

Disposition Date: 06/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125356788 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404
Company Tracking Number: 1005
TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium
Product Name: FISPWLIP
Project Name/Number: FISPWLIP/1005

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Index Whole Life Factors		Yes
Supporting Document	Letter of Authorization		Yes
Supporting Document	Illustration Certifications		Yes
Supporting Document	Certification of Compliance for Advertisements		Yes
Supporting Document	Certification of Compliance - Actuarial		Yes
Supporting Document	Certification of Compliance with Agent Education Requirements		Yes
Supporting Document	Certificate of Compliance for Policy Summary Disclosure		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	Certification of Compliance		Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Form (revised)	Fixed Indexed Single Premium Whole Life Insurance Policy		Yes
Form	Fixed Indexed Single Premium Whole Life Insurance Policy	Withdrawn	Yes
Form	Fixed Indexed Single Premium Whole Life Insurance Policy	Withdrawn	Yes
Form	Fixed Indexed Supplemental Application		Yes
Form	Disclosure Supplement to Application		Yes
Form	Illustration		Yes
Form	Supplemental Illustration for Loans		Yes
Form	Supplemental Illustration for Chronic Illness		Yes
Form	Company Information Page		Yes
Form	Annual Statement		Yes
Form	Consumer Brochure		Yes

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPWLP</i>		
<i>Project Name/Number:</i>	<i>FISPWLP/1005</i>		

Form

Statement of Policy Cost and Benefit
Information

Yes

SERFF Tracking Number: WESA-125356788 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404
Company Tracking Number: 1005
TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium
Product Name: FISPWLIP
Project Name/Number: FISPWLIP/1005

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/04/2007
Submitted Date 12/04/2007

Respond By Date

Dear Darcy LeBau,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Fixed Indexed Single Premium Whole Life Insurance Policy (Form)

Comment: External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please refer to General Policy Provisions under the Suicide Exclusion. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Coee Ann. 23-81-115(a)(2)(E).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/17/2008
Submitted Date 03/17/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Good evening.

By this Amendment, I have uploaded the requested Certification of Compliance. In addition, I have uploaded revised Fixed Indexed Single Premium Whole Life Insurance Policy Form 1005AR. The last sentence of the Incontestability

SERFF Tracking Number: WESA-125356788 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404
Company Tracking Number: 1005
TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium
Product Name: FISPWLIP
Project Name/Number: FISPWLIP/1005

provision on page 17 of Form 1005AR has been deleted in accordance with your request.

I thank you for your time and attention to this filing.

Respectfully,

Darcy Lebau

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)
- Fixed Indexed Single Premium Whole Life Insurance Policy (Form)

Comment:

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please refer to General Policy Provisions under the Suicide Exclusion. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Coee Ann. 23-81-115(a)(2)(E).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance

Comment: Certification of Compliance is attached.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Fixed Indexed Single Premium Whole Life Insurance Policy	1005AR		Policy/Contract/Fraternal Certificate	Initial		46	1005AR FISPWL Policy_Non-Redline_03 17 08.pdf

Previous Version

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPWLP</i>		
<i>Project Name/Number:</i>	<i>FISPWLP/1005</i>		
<i>Fixed Indexed Single</i>	<i>1005</i>	<i>Policy/Contract/Fraternal Initial</i>	<i>46</i>
<i>Premium Whole Life</i>		<i>Certificate</i>	<i>1005</i>
<i>Insurance Policy</i>			<i>Fixed</i>
			<i>Indexed</i>
			<i>SPWL</i>
			<i>Policy</i>
			<i>Base Final</i>
			<i>Version.pdf</i>

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPLWIP*

Project Name/Number: *FISPLWIP/1005*

No Rate/Rule Schedule items changed.

Sincerely,
Darcy Lebau

SERFF Tracking Number: WESA-125356788 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404
Company Tracking Number: 1005
TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium
Product Name: FISPWLIP
Project Name/Number: FISPWLIP/1005

Amendment Letter

Amendment Date:
Submitted Date: 06/17/2008

Comments:

Good afternoon, Linda.

By this Amendment I have uploaded revised 1005AR. I have also attached updated Certificate of Compliance.

Thank you again for your time and attention to this filing.

Respectfully,

Darcy Lebau

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1005AR	Policy/Contr act/Fraternal Certificate	Fixed Indexed Single Premium Whole Life Insurance Policy	Initial				46	1005AR FISPWL Policy Form 06 17 08 changes accepted.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Certification of Compliance

Comment: Certification of Compliance is attached.
AR Cert of Compliance 06 17 08.pdf

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPLWIP*

Project Name/Number: *FISPLWIP/1005*

Note To Reviewer

Created By:

Darcy Lebau on 06/17/2008 10:35 AM

Subject:

Response

Comments:

Good morning, Linda.

Thank you for your Note and your patience thus far. I expect to be filing the Company's revised Policy Form as per your request within the next day or so (perhaps even today).

Respectfully,

Darcy Lebau

SERFF Tracking Number: WESA-125356788

State: Arkansas

Filing Company: Sagicor Life Insurance Company

State Tracking Number: 37404

Company Tracking Number: 1005

TOI: L071 Individual Life - Whole

Sub-TOI: L071.511 External Index - Single Premium

Product Name: FISPWLIP

Project Name/Number: FISPWLIP/1005

Note To Filer

Created By:

Linda Bird on 06/16/2008 09:10 AM

Subject:

Extension of Time

Comments:

The Department extended the time for this filing to the close of business 5/23/08. As of this date we have not received a reply, please advise.

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Note To Filer

Created By:

Rosalind Minor (FM) on 05/16/2008 07:24 AM

Subject:

Extension of Time

Comments:

As requested in your Note to Reviewer on 5/15/08 and your telephone conversation with Rosalind Minor on this date, we are extending the time for this filing to the close of business 5/23/08. If additional time is needed after that date, please advise.

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Note To Reviewer

Created By:

Darcy Lebau on 05/15/2008 07:45 PM

Subject:

Request please

Comments:

Good evening Linda.

I am writing to respectfully request a brief extension of time to respond to your Objection Letter. The Company greatly appreciates your previously extending the respond by date and apologizes for not responding. I will call you in the morning to follow up this Note. I hope to have the Company's response and revised form to you by early next week.

Thank you very much.

Respectfully,

Darcy Lebau

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPLWIP*

Project Name/Number: *FISPLWIP/1005*

Note To Filer

Created By:

Linda Bird on 05/02/2008 10:45 AM

Subject:

Reply to Note

Comments:

Response date has been extended to 5/15/08.

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Note To Reviewer

Created By:

Darcy Lebau on 05/02/2008 09:59 AM

Subject:

Reply to Note

Comments:

Good morning, Linda.

My contact at the Company is out of the office. May I have until May 15 to get back to you (that is when she returns to the office). I need to obtain authorization to make the requested change. Thank you for your consideration.

Respectfully,

Darcy Lebau

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPWLP*

Project Name/Number: *FISPWLP/1005*

Note To Filer

Created By:

Linda Bird on 05/01/2008 07:07 AM

Subject:

Amendment

Comments:

Please advise the status of correction to the Suicide Exclusion?

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPLWIP*

Project Name/Number: *FISPLWIP/1005*

Note To Reviewer

Created By:

Darcy Lebau on 03/18/2008 09:13 PM

Subject:

Amendment

Comments:

Good evening, Linda.

I show that the last sentence of the Incontestability provision has been deleted per your request. I will phone you tomorrow am to discuss.

Thank you.

Darcy

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPLWIP*

Project Name/Number: *FISPLWIP/1005*

Note To Filer

Created By:

Linda Bird on 03/18/2008 02:33 PM

Subject:

Amendment

Comments:

The last sentence of the Incontestability provision on page 17 of revised Policy Form 1005AR has not been deleted.

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPLWIP*

Project Name/Number: *FISPLWIP/1005*

Note To Filer

Created By:

Linda Bird on 03/14/2008 08:32 AM

Subject:

Request for Extension

Comments:

The Department will extend response date to 4/14/08 on this filing.

SERFF Tracking Number: WESA-125356788

State: Arkansas

Filing Company: Sagicor Life Insurance Company

State Tracking Number: 37404

Company Tracking Number: 1005

TOI: L071 Individual Life - Whole

Sub-TOI: L071.511 External Index - Single Premium

Product Name: FISPWLIP

Project Name/Number: FISPWLIP/1005

Note To Reviewer

Created By:

Darcy Lebau on 03/13/2008 09:56 AM

Subject:

Request for Extension

Comments:

Good morning, Linda.

Thank you for your note. May the Company please have a 30 day extension from today to respond to your Objection Letter of 12/4/07?

I appreciate your time and attention to this filing.

Respectfully,

Darcy

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Note To Filer

Created By:

Linda Bird on 03/13/2008 09:08 AM

Subject:

Objection Letter of 12/04/2007

Comments:

It has come to our attention that you have not responded to our 12/04/07 objection letter regarding this filing.

Please advise the Department if the company would like to withdraw the filing or if additional time is needed to comply?

Linda Bird

Certified Rate & Form Analyst

Life and Health Division

SERFF Tracking Number: WESA-125356788 State: Arkansas

Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404

Company Tracking Number: 1005

TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium

Product Name: FISPWLIP

Project Name/Number: FISPWLIP/1005

Form Schedule

Lead Form Number: 1005

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1005AR	Policy/Cont	Fixed Indexed Single Initial ract/Fratern Premium Whole Life al Insurance Policy Certificate			46	1005AR FISPWL Policy Form 06 17 08 changes accepted.pdf
	5018	Application/ Enrollment Form	Fixed Indexed Supplemental Application	Initial		46	5018appbc FIXED INDEX SUPPLEMEN TAL APPLICATIO N.pdf
	7024	Other	Disclosure Supplement to Application	Initial		46	7024 Disclosure Supplement FISPWL 08 24 07.pdf
	7019	Other	Illustration	Initial		0	FISPWL III Age Sum Mockup 08 14 07.pdf FISPWL III to Maturity Mockup 08 14 07.pdf
	7025	Other	Supplemental Illustration for Loans	Initial		0	FISPWL Supp III Loans To Maturity Mockup 08 14 07.pdf
	7026	Other	Supplemental Illustration for	Initial		0	FISPWL Supp III CI to

SERFF Tracking Number: WESA-125356788 State: Arkansas
 Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404
 Company Tracking Number: 1005
 TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium
 Product Name: FISPWLIP
 Project Name/Number: FISPWLIP/1005

		Chronic Illness				Maturity Mockup 08 14 07.pdf
7027	Other	Company Information	Initial	0		FISPWL III Co Info Pg Mockup 08 10 07.pdf
4048	Other	Annual Statement	Initial	0		4048 Indexed SPWL Annual Statement _v3_ 7 25 07 FINAL.pdf
9008	Advertising	Consumer Brochure	Initial	0		9008 FISPWL Consumer Brochure 082807.pdf
7023	Other	Statement of Policy Cost adn Benefit Information	Initial	0		7023 Stmt Policy Cost and Ben Final 10 24 07.pdf



FIXED INDEXED SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

In this Policy, "You" and "Your" refer to the current Owner of this Policy. "We", "Us", "Our" and "Company" refer to Sagicor Life Insurance Company.

INSURING AGREEMENT

We will pay the Death Benefit Amount to the Beneficiary when the Home Office receives, In Writing, Due Proof that the death of the Insured occurred while this Policy was In Force. The provisions of this page, the following pages and the Application are each a part of this Policy. This Policy is issued in return for the Application and payment of Your Single Premium.

RIGHT TO EXAMINE POLICY

ALL PREMIUMS PAID, CONSIDERATIONS, FEES OR CHARGES WILL BE REFUNDED IF THIS POLICY IS RETURNED TO US OR OUR REPRESENTATIVE FOR CANCELLATION WITHIN 30 DAYS AFTER IT IS DELIVERED. ANY REFUND WILL BE PAID WITHIN 30 DAYS OF OUR RECEIPT OF CANCELLATION. THIS POLICY WILL THEN BE DEEMED VOID FROM ITS BEGINNING.

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Us.

Signed for Us at Our Home Office in Scottsdale, Arizona.

Secretary

President

IMPORTANT NOTICE

WHILE THE INTEREST CREDITING CALCULATION MAY RECOGNIZE BOTH INCREASES AND DECREASES IN AN INDEX, CREDITED INTEREST WILL NEVER BE LESS THAN ZERO. WHILE FUTURE VALUES FOR THIS POLICY ARE GUARANTEED TO BE LINKED TO A STOCK MARKET INDEX IF YOU SO CHOOSE, THIS POLICY DOES NOT DIRECTLY PARTICIPATE IN ANY STOCKS OR EQUITY INVESTMENTS.

FIXED INDEXED SINGLE PREMIUM WHOLE LIFE POLICY

Insurance Payable at Death

Nonparticipating

Actual Cash Values May Exceed The Minimum Guaranteed Cash Surrender Values
Shown On The Table of Values Page

GUIDE TO POLICY PROVISIONS

INSURING AGREEMENT	[1]	POLICY VALUES	[18]
RIGHT TO EXAMINE POLICY	[1]	ACCUMULATION VALUE	[18]
READ YOUR POLICY CAREFULLY	[1]	GUARANTEED ACCUMULATION VALUE	[18]
IMPORTANT NOTICE	[1]	COST OF INSURANCE	[18]
GUIDE TO POLICY PROVISIONS	[2]	NET AMOUNT AT RISK	[18]
POLICY DATA PAGE	[3]	POLICY EXPENSE CHARGE	[18]
POLICY INFORMATION	[3]	GUARANTEED TABULAR CASH VALUE	[19]
SURRENDER CHARGE PERCENTAGE TABLE	[3]	GUARANTEED CASH SURRENDER VALUE	[19]
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DECLARED RATE STRATEGY [1]	[7]	WITHDRAWAL	[19]
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		APPLICATION	
		RIDERS	

POLICY DATA PAGE

POLICY INFORMATION

Insured:	[JOHN DOE]	Age and Sex:	[35 MALE]
Policy Number:	[TESTPOLICY4]	Premium Class:	[Non-tobacco]
Face Amount:	[\$100,000]	Policy Date:	[07/01/2007]

Single Premium: [\$22,727.27]

Bonus Interest: [10.00%]

Policy Expense Charge Factor:	[\$9.10]
Maximum Policy Expense Charge Period:	Years [1-20]

Guaranteed Annual Interest Rates:

Guaranteed Account Value	2.00%
Any Declared Rate Strategy	2.00%
Any Indexed Strategy	0.00%
Loan Collateral Account	2.00%
Basic Account	2.00%

Maximum Loan Interest Rate: [6.00%]

SURRENDER CHARGE PERCENTAGE TABLE

Policy Year	Percentage
[1	12%
2	12%
3	11%
4	10%
5	9%
6	8%
7	7%
8	6%
9	4%
10	2%
11+	0%]

COST OF INSURANCE RATES PAGE

MAXIMUM ANNUAL GUARANTEED COST OF INSURANCE RATES Per \$1,000 Of Net Amount At Risk

Policy Year	Attained Age	Maximum Rate	Policy Year	Attained Age	Maximum Rate
1	35	1.12	44	78	57.57
2	36	1.17	45	79	64.26
3	37	1.24	46	80	71.72
4	38	1.33	47	81	79.83
5	39	1.41	48	82	88.42
6	40	1.52	49	83	97.80
7	41	1.65	50	84	108.23
8	42	1.81	51	85	119.83
9	43	2.00	52	86	132.59
10	44	2.21	53	87	146.38
11	45	2.44	54	88	161.04
12	46	2.67	55	89	176.42
13	47	2.86	56	90	191.74
14	48	3.01	57	91	206.82
15	49	3.20	58	92	222.62
16	50	3.45	59	93	239.28
17	51	3.77	60	94	256.83
18	52	4.16	61	95	274.21
19	53	4.61	62	96	291.18
20	54	5.18	63	97	309.26
21	55	5.82	64	98	328.54
22	56	6.48	65	99	349.11
23	57	7.12	66	100	368.76
24	58	7.76	67	101	386.19
25	59	8.51	68	102	404.73
26	60	9.42	69	103	424.44
27	61	10.53	70	104	445.27
28	62	11.82	71	105	467.21
29	63	13.23	72	106	490.50
30	64	14.70	73	107	515.21
31	65	16.23	74	108	541.43
32	66	17.78	75	109	569.22
33	67	19.40	76	110	598.65
34	68	21.11	77	111	629.83
35	69	23.03	78	112	662.83
36	70	25.27	79	113	697.75
37	71	27.99	80	114	734.65
38	72	31.17	81	115	773.63
39	73	34.52	82	116	814.76
40	74	38.12	83	117	858.13
41	75	42.04	84	118	903.80
42	76	46.46	85	119	951.67
43	77	51.60	86	120	1000.00

TABLE OF VALUES PAGE

GUARANTEED CASH SURRENDER VALUES TABLE

Policy Anniversary Attained Age	Guaranteed Cash Surrender Value
36	\$22,727.27
37	\$22,727.27
38	\$22,727.27
39	\$22,727.27
40	\$22,727.27
41	\$22,727.27
42	\$22,727.27
43	\$22,727.27
44	\$22,727.27
45	\$22,727.00
46	\$23,474.00
47	\$24,440.00
48	\$25,442.00
49	\$26,486.00
50	\$27,571.00
51	\$28,696.00
52	\$29,858.00
53	\$31,054.00
54	\$32,284.00
55	\$33,542.00

These values are based on the Minimum Guaranteed Annual Interest Rates and Maximum Annual Guaranteed Cost of Insurance Rates. The values assume that the Face Amount and the Single Premium paid are as shown in the Policy Information Section on the Policy Data Page, and that there have been no loans taken.

NET SINGLE PREMIUM FACTORS

Attained Age	Non-Tobacco		Tobacco		Attained Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female		Male	Female	Male	Female
35	0.2081	0.1846	0.2531	0.2302	78	0.7353	0.6715	0.7673	0.7245
36	0.2155	0.1912	0.2617	0.2381	79	0.7492	0.6860	0.7792	0.7366
37	0.2232	0.1981	0.2705	0.2463	80	0.7626	0.7005	0.7907	0.7486
38	0.2311	0.2051	0.2797	0.2548	81	0.7756	0.7148	0.8018	0.7602
39	0.2393	0.2124	0.2890	0.2635	82	0.7881	0.7287	0.8124	0.7713
40	0.2478	0.2200	0.2987	0.2725	83	0.8002	0.7423	0.8227	0.7818
41	0.2566	0.2278	0.3085	0.2818	84	0.8119	0.7555	0.8327	0.7919
42	0.2656	0.2359	0.3187	0.2914	85	0.8231	0.7683	0.8423	0.8015
43	0.2748	0.2443	0.3290	0.3012	86	0.8337	0.7809	0.8513	0.8108
44	0.2844	0.2529	0.3395	0.3113	87	0.8437	0.7931	0.8597	0.8198
45	0.2941	0.2618	0.3502	0.3217	88	0.8530	0.8045	0.8675	0.8281
46	0.3042	0.2709	0.3610	0.3323	89	0.8616	0.8153	0.8747	0.8357
47	0.3144	0.2803	0.3721	0.3431	90	0.8696	0.8255	0.8812	0.8428
48	0.3250	0.2899	0.3834	0.3542	91	0.8769	0.8358	0.8872	0.8504
49	0.3360	0.2997	0.3951	0.3654	92	0.8839	0.8467	0.8929	0.8590
50	0.3473	0.3098	0.4070	0.3767	93	0.8904	0.8573	0.8983	0.8677
51	0.3589	0.3202	0.4193	0.3882	94	0.8966	0.8673	0.9033	0.8762
52	0.3708	0.3307	0.4318	0.3997	95	0.9022	0.8761	0.9081	0.8839
53	0.3830	0.3414	0.4444	0.4114	96	0.9074	0.8834	0.9124	0.8900
54	0.3954	0.3524	0.4572	0.4232	97	0.9125	0.8894	0.9166	0.8948
55	0.4080	0.3636	0.4700	0.4351	98	0.9172	0.8951	0.9206	0.8994
56	0.4209	0.3749	0.4828	0.4470	99	0.9217	0.9017	0.9243	0.9049
57	0.4339	0.3865	0.4956	0.4590	100	0.9256	0.9084	0.9275	0.9107
58	0.4472	0.3982	0.5086	0.4711	101	0.9292	0.9148	0.9305	0.9164
59	0.4607	0.4102	0.5218	0.4833	102	0.9327	0.9210	0.9335	0.9219
60	0.4745	0.4223	0.5351	0.4956	103	0.9362	0.9269	0.9365	0.9272
61	0.4885	0.4347	0.5484	0.5080	104	0.9395	0.9324	0.9397	0.9325
62	0.5026	0.4473	0.5617	0.5205	105	0.9428	0.9375	0.9429	0.9376
63	0.5168	0.4601	0.5748	0.5331	106	0.9459	0.9422	0.9460	0.9423
64	0.5310	0.4731	0.5877	0.5458	107	0.9490	0.9465	0.9491	0.9465
65	0.5452	0.4864	0.6006	0.5585	108	0.9520	0.9504	0.9521	0.9504
66	0.5596	0.4999	0.6133	0.5714	109	0.9549	0.9539	0.9550	0.9540
67	0.5740	0.5135	0.6261	0.5844	110	0.9577	0.9572	0.9578	0.9572
68	0.5886	0.5274	0.6390	0.5974	111	0.9604	0.9600	0.9605	0.9601
69	0.6034	0.5414	0.6520	0.6105	112	0.9630	0.9626	0.9631	0.9627
70	0.6183	0.5556	0.6651	0.6235	113	0.9656	0.9652	0.9656	0.9652
71	0.6332	0.5699	0.6783	0.6365	114	0.9680	0.9679	0.9680	0.9679
72	0.6481	0.5842	0.6914	0.6494	115	0.9704	0.9702	0.9704	0.9702
73	0.6629	0.5987	0.7043	0.6623	116	0.9726	0.9725	0.9726	0.9725
74	0.6776	0.6132	0.7172	0.6749	117	0.9748	0.9746	0.9748	0.9746
75	0.6923	0.6278	0.7300	0.6875	118	0.9768	0.9765	0.9769	0.9765
76	0.7068	0.6423	0.7426	0.6999	119	0.9788	0.9783	0.9788	0.9783
77	0.7212	0.6569	0.7551	0.7122	120	0.9806	0.9806	0.9806	0.9806

Attained Age is the Insured's Age on the last Policy Anniversary.

DECLARED RATE STRATEGY [1]

TERM PERIOD: 1 YEAR

INITIAL TERM PERIOD COMMENCEMENT DATE: [JANUARY 1, 2006]

INITIAL INTEREST RATE: [5.5%]

We will establish a Declared Rate Account for an allocation to Declared Rate Strategy [1]. A Declared Rate Account will have its own Term Period and interest rate.

The Initial Interest Rate will not change for the Term Period shown. We may declare a different interest rate for subsequent Term Periods, and such rate will never be less than the Guaranteed Annual Interest Rate shown on the Policy Data Page.

Interest will be credited daily to the Declared Rate Account. The Declared Rate Account Value at the beginning of the Term Period equals the amount allocated to the Declared Rate Account reduced by any Activity related to this allocation. The Declared Rate Account Value at the end of the day will be reduced by the amount of any Activity from the Declared Rate Account during the day, and increased by any interest credited for the day.

Only upon reaching the end of the Term Period may the Declared Rate Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, We will allocate the Declared Rate Account Value to this same Declared Rate Strategy or, if this strategy is no longer available, to another Declared Rate Strategy as offered by Us.

INDEXED STRATEGY [1]

TERM PERIOD:	[1 YEAR]
INDEX:	[S&P 500®]
MINIMUM PARTICIPATION RATE:	[100%]
MINIMUM CAP:	[3.0%]
INITIAL TERM PERIOD COMMENCEMENT DATE:	[JANUARY 1, 2006]
INITIAL PARTICIPATION RATE:	[100%]
INITIAL CAP:	[7.00%]

We will establish an Indexed Strategy Account for an allocation to Indexed Strategy [1]. An Indexed Strategy Account will have its own Term Period, Participation Rate, and Cap. The Term Period Commencement Date may be up to one month following the date of the allocation.

The Initial Participation Rate and Initial Cap will not change for the Term Period shown. We may declare a different Participation Rate or a different Cap for subsequent Term Periods, and such rate will never be less than the Minimum Participation Rate and Minimum Cap, respectively.

Interest will be credited only at the end of the Term Period to the Indexed Strategy Account. The Indexed Strategy Account Value at the beginning of the first Term Period equals the Single Premium allocated to this Strategy reduced by any Activity related to this allocation. The Indexed Strategy Account Value at the end of the first Term Period equals the Single Premium allocated to this Strategy, less any Activity, plus interest credited at the end of the Term Period.

The Account Value at the beginning of any Term Period after the first will equal the Account Value at the end of the prior Term Period adjusted for any allocation amounts. The Account Value at any time during the Term Period will be the Account Value at the beginning of the Term less any Activity during the Term Period. The Ending Account Value at the end of any Term Period after the first will equal the Account Value at the beginning of the Term Period, less Activity, plus interest credited at the end of the Term Period.

The interest credited at the end of the Term Period equals $(A - B) \times \max\{\text{Guaranteed Annual Interest Rate for any Indexed Strategy as shown on the Policy Data Page, } \min[\text{Cap, Participation Rate} \times \text{Indexed Interest Rate}]\}$ where:

A equals the Indexed Strategy Account Value at the beginning of the Term Period,
B equals any Activity from the Strategy during the Term Period,
 $\max\{...,...\}$ is the greater of the two values contained within the parenthesis above, and
 $\min[...,...]$ is the lesser of the two values contained within the parenthesis above.

Only upon reaching the end of the Term Period may the Indexed Strategy Account Value be transferred, either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, We will allocate the Indexed Strategy Account Value to this same Indexed Strategy or, if this strategy is no longer available, to a Declared Rate Strategy as offered by Us.

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INDEXED STRATEGY [2]

TERM PERIOD:	[3 YEARS]
INDEX [1]:	[Russell [®] 2000]
INDEX [2]:	[Dow Jones EURO STOXX 50 [®] Index]
INDEX [3]:	[Hang Seng Index]
MINIMUM PARTICIPATION RATE:	[15%]
MINIMUM CAP:	[Not Applicable]
INITIAL TERM PERIOD COMMENCEMENT DATE:	[JANUARY 1, 2006]
INITIAL PARTICIPATION RATE:	[50%]
INITIAL CAP:	[Not Applicable]
WEIGHTING [A]:	[60%]
WEIGHTING [B]:	[40%]
WEIGHTING [C]:	[0%]

We will establish an Indexed Strategy Account for an allocation to Indexed Strategy [2]. An Indexed Strategy Account will have its own Term Period, Participation Rate, and Cap. The Term Period Commencement Date may be up to one month following the date of the allocation.

The Initial Participation Rate and Initial Cap will not change for the Term Period shown. We may declare a different Participation Rate or a different Cap for subsequent Term Periods, and such rate will never be less than the Minimum Participation Rate and Minimum Cap, respectively.

If this Policy terminates due to the death of the Owner, then the Term Period will end on the date of death of the Owner.

Interest will be credited only at the end of the Term Period to the Indexed Strategy Account. The Indexed Strategy Account Value at the beginning of the first Term Period equals the Single Premium allocated to this Strategy reduced by any Activity related to this allocation. The Indexed Strategy Account Value at the end of the first Term Period equals the Single Premium allocated to this Strategy, less any Activity, plus interest credited at the end of the Term Period.

The Account Value at the beginning of any Term Period after the first will equal the Account Value at the end of the prior Term Period adjusted for any allocation amounts. The Account Value at any time during the Term Period will be the Account Value at the beginning of the Term less any Activity during the Term Period. The Ending Account Value at the end of any Term Period after the first will equal the Account Value at the beginning of the Term Period, less Activity, plus interest credited at the end of the Term Period.

The interest credited at the end of the Term Period equals $(A - B) \times \max[\text{Guaranteed Annual Interest Rate for any Indexed Strategy as shown on the Policy Data Page, } \min\{\text{Cap, Participation Rate} \times ([L] + [M] + [N])\}]$ where:

A equals the Indexed Strategy Account Value at the beginning of the Term Period,

B equals any Activity from the Strategy during the Term Period,

$\max \{ \dots \}$ is the greater of the two values contained within the parenthesis above,

$\min \{ \dots \}$ is the smallest of the three values contained within the parenthesis above,

L = Weighting [A] x the largest Indexed Interest Rate for Index [1], Index [2], and Index [3], and

M = Weighting [B] x the second largest Indexed Interest Rate for Index [1], Index [2], and Index [3].

N = Weighting [C] x the third largest Indexed Interest Rate for Index [1], Index [2], and Index [3].

Only upon reaching the end of the Term Period may the Indexed Strategy Account Value be transferred,

either in whole or in part, to any other Strategy then offered by Us. Unless notified by You, We will allocate the Indexed Strategy Account Value to this same Indexed Strategy or, if this strategy is no longer available, to a Declared Rate Strategy as offered by Us.

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STOXX and Dow Jones have no relationship to Sagicor Life Insurance Company, other than the licensing of the Dow Jones EURO STOXX 50[®] Index and the related trademarks for use in connection with the Policy.

STOXX and Dow Jones do not:

- Sponsor, endorse, sell or promote the Policy.
- Recommend that any person invest in the Policy or any other securities.
- Have any responsibility or liability for or make any decisions about the timing, amount or pricing of Policy.
- Have any responsibility or liability for the administration, management or marketing of the Policy.
- Consider the needs of the Policy or the owners of the Policy in determining, composing or calculating the Dow Jones EURO STOXX 50[®] Index or have any obligation to do so.

STOXX and Dow Jones will not have any liability in connection with the Policy. Specifically,

- **STOXX and Dow Jones do not make any warranty, express or implied and disclaim any and all warranty about:**
 - **The results to be obtained by the Policy, the owner of the Policy or any other person in connection with the use of the Dow Jones EURO STOXX 50[®] Index and the data included in the Dow Jones EURO STOXX 50[®] Index;**
 - **The accuracy or completeness of the Dow Jones EURO STOXX 50[®] Index and its data;**
 - **The merchantability and the fitness for a particular purpose or use of the Dow Jones EURO STOXX 50[®] Index and its data;**
- **STOXX and Dow Jones will have no liability for any errors, omissions or interruptions in the Dow Jones EURO STOXX 50[®] Index or its data;**
- **Under no circumstances will STOXX or Dow Jones be liable for any lost profits or indirect, punitive, special or consequential damages or losses, even if STOXX or Dow Jones knows that they might occur.**

The licensing agreement between Sagicor Life Insurance Company and STOXX is solely for their benefit and not for the benefit of the owners of the Policy or any other third parties.

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DEFINITIONS

Some of the terms used in this Policy are defined here. Others are defined throughout this Policy.

ACTIVITY is any Cost of Insurance Charge, Policy Expense Charge, or transfer to the Loan Collateral Account.

ALLOCATION PERCENTAGE for each strategy is the percentage of the Single Premium plus Bonus Interest that is allocated to that strategy.

APPLICATION is the form You filled out to apply for this Policy. A copy is attached to and made a part of this Policy.

ATTAINED AGE is the age of the Insured on the last Policy Anniversary.

BASIC ACCOUNT is the account that holds any premium paid prior to the Anniversary Date.

BENEFICIARY is named in the Application and refers to the person or persons entitled to receive the Death Benefit Amount of this Policy.

BONUS INTEREST is a percentage of the Single Premium paid that We automatically credit at issue.

CONTINGENT BENEFICIARY is named in the Application and will receive the Death Benefit Amount if the Beneficiary is not living at the time of the Insured's death.

DEATH BENEFIT AMOUNT is the benefit amount We are obliged to pay under the terms of this Policy if the Insured dies while this Policy is In Force.

DECLARED RATE ACCOUNT VALUE is the accumulated value of an allocation to a Declared Rate Strategy.

DECLARED RATE STRATEGY is an option under which You may choose to allocate your Single Premium, a Declared Rate Account Value, or an Indexed Strategy Account Value. We will always offer at least one Declared Rate Strategy.

DUE PROOF is evidence of death, including but not limited to a certified death certificate issued by the governmental authority where the death occurred, or other evidence satisfactory to Us.

EVIDENCE OF INSURABILITY is information about a person which we may require to approve, change or Reinstate a Policy or rider(s).

GUARANTEED ACTIVITY is the Maximum Guaranteed Cost of Insurance Charge, Maximum Policy Expense Charge, or transfer to the Loan Collateral Account.

HOME OFFICE refers to the Sagicor Life Insurance Company, 4343 N Scottsdale Rd. Suite 300, Scottsdale, AZ 85251, or another address designated by Us.

INDEXED INTEREST RATE is the closing index value for a particular index at the end of the Term Period divided by the closing index value for that same particular index at the beginning of the Term Period, minus 1. When there is a day for which a value for a particular index is not available, then the value of that particular index will equal the closing value of the particular index on the most recent date prior to this day.

INDEXED RATE STRATEGY is an option under which You may choose to allocate your Single Premium, a Declared Rate Account Value, or an Indexed Strategy Account Value. We will always offer at least one Indexed Rate Strategy.

INDEXED STRATEGY ACCOUNT VALUE is the accumulated value of an allocation to an Indexed Strategy.

INDEBTEDNESS is the amount of any outstanding Policy loans against this Policy plus, any accrued and

unpaid interest. This Policy could Lapse due to Indebtedness.

IN FORCE means that this Policy is in effect, You have received it and paid the Single Premium while the Insured is living and in good health. This Policy will be In Force from the time it takes effect until it terminates.

IN WRITING means in a written form satisfactory to Us and received at our Home Office.

INSURED refers to the person, named in the Policy Information Section on the Policy Data Page, whose life is insured under this Policy.

LAPSE or LASED means that the insurance coverage under this Policy has terminated and is no longer In Force.

LICENSED PHYSICIAN is a trained physician who is licensed by a governmental agency to practice medicine in the United States and is not the Insured, the Owner, or a member of any of their immediate family by blood or marriage.

MONTHLY DATE is the day of the month that is in the Policy Date shown in the Policy Information Section on the Policy Data Page and that same day in each succeeding calendar month. A Policy Month begins on each Monthly Date.

ORDER OF ACTIVITY Activity will first be deducted from the Account Value of the Declared 1-Year Strategy. If the Activity exceeds the Account Value in the Declared 1-Year Strategy, then the remaining Activity will be deducted from any other non-indexed strategies, as chosen and offered by The Company. If there still remains Activity to be deducted, then it will next be deducted from the S&P 500® Index Strategy. Finally, any other index strategies, as decided by Us, will have this amount deducted from its Account Value. However, in all situations charges are deducted only after interest, if any, is credited.

OWNER is the person or persons entitled to exercise all ownership rights under this Policy.

POLICY ANNIVERSARY occurs once each year on the same month and day as the Policy Date.

POLICY DATE is the date when the Single Premium is paid and the insurance coverage becomes effective. It is the date from which Policy Years, Policy Months and Policy Anniversaries will be determined.

PREMIUM CLASS is the mortality classification assigned to the Insured under this Policy. The Premium Class is shown in the Policy Information Section on the Policy Data Page.

REINSTATE or REINSTATEMENT means to restore coverage after this Policy has Lapsed.

WE, US, OUR or THE COMPANY refers to Sagicor Life Insurance Company.

YOU, YOUR or YOURS refers to the current Owner of this Policy.

THE POLICY

We have issued this Policy in consideration of Your Application and the payment of the Single Premium.

ENTIRE POLICY

The entire Policy consists of:

1. This Policy;
2. The Application attached to this Policy on the Policy Date or delivery date;
3. Any attached amendments and supplements to the Application;
4. Any attached riders and endorsements; and
5. Any attached Application for Reinstatement.

In the absence of fraud, We will consider all statements made by or for the Insured to be representations and not warranties. We can use no such statements to void this Policy, and can not use them to defend

against a claim unless, that statement is in the attached Application or in an amendment or supplement to the Application when issued or delivered.

CHANGE OF POLICY TERMS

No agent or person other than The Company President or Secretary has the authority to change or modify this Policy or waive any of its provisions. We may not modify this Policy without Your consent, except to make it comply with any changes in the Internal Revenue Code or as required by any other applicable law. Any changes, modifications or waivers must be In Writing.

SUBMISSION OF POLICY

We may ask You to send Us this Policy for surrender or to note a Policy loan on it. Our failure to have You send it to Us for such purposes does not indicate that the payment or loan has not been made.

STATEMENTS IN APPLICATION

All statements made in the Application and in any supplementary Application are representations and not warranties. We can contest the validity of this Policy if there is a material misstatement in the Application. We can contest the validity of a Reinstatement if there is a material misrepresentation in the Application for Reinstatement. No statement will be used in defense of a claim unless it is in an Application.

PROOF OF FACTS

We have the right to ask for proof that is satisfactory to Us from anyone who is claiming ownership, beneficiary status, right to payment or any other rights associated with this Policy. We may ask for proof of that person's age, sex or identity. Any payment We make relying on this proof discharges Us of any obligation to make the same payment to another person.

CREDITOR CLAIMS

All payments under this Policy are exempt from legal process and the claims of creditors to the extent permitted by law. No payment will be transferred, assigned or withdrawn before it becomes payable unless We agree.

BASIS OF VALUES

On Policy Anniversaries, the cash value factors We use in computing Guaranteed Tabular Cash Values are equal to the present values of future benefits discounted at 5.0% interest and using mortality rates from the Commissioners 2001 Standard Ordinary Mortality Table, adjusted for age at the last Policy Anniversary, and on a continuous basis. Between Policy Anniversaries, allowance will be made for the period of time since the last Policy Anniversary, on a monthly pro rata basis.

We have filed a detailed statement of the method We use to determine values with the state where this Policy was delivered. All values are equal to or more than those required by the laws of that state.

GENERAL POLICY PROVISIONS

ANNUAL REPORT

At least once a year, We will send You a report which shows, the current Death Benefit Amount, the Accumulation Value, Guaranteed Cash Surrender Value and any other information required by the state in which this Policy was issued for delivery.

NON-PARTICIPATING

This Policy is non-participating and does not share in the profits or surplus of The Company.

MISSTATEMENT OF AGE OR SEX

The Age of the Insured is their age on his or her last birthday on the Policy Date of this Policy. It is determined by the date of birth written in the Application. The Attained Age of the Insured is his or her age on their last birthday on the Policy Anniversary.

If the Age or sex of the Insured has been misstated, the Face Amount will not be correct. In order to compute the correct Face Amount, We will adjust the Face Amount by the ratio of the Single Premium paid at issue to the Single Premium that should have been paid for the correct Age and sex. We will use

the Net Single Premium Factor for the correct Attained Age and sex of the Insured as of the date of death.

SUICIDE EXCLUSION

If the Insured, sane or insane, dies by suicide, while this Policy is In Force and within two years (one year in CO and ND) from the Policy Date, the Death Benefit Amount will be limited to the sum of premiums paid less any Indebtedness and less any benefit payments paid out.

If the Insured, sane or insane, dies by suicide, while this Policy is In Force and within two years (one year in CO and ND) after the date a Reinstatement becomes effective, the Death Benefit Amount payable will be limited to the sum of premiums paid since Reinstatement. (Not in AL, AR, GA, LA, MD, MO, NE, TN, and VA.)

INCONTESTABILITY

We will not contest the validity of this Policy, except for nonpayment of premiums, after it has been In Force during the lifetime of the Insured for two years from the Policy Date. If this Policy is Reinstated, the Incontestability period will be based on the effective Date of the Reinstatement.

CONFORMITY WITH STATE STATUTES

The provisions of this Policy conform to the minimum requirements of the state law to which the Policy is issued and controls over any conflicting statutes of any state in which the Insured resided on or after the Policy Date of the Policy.

TERMINATION

This Policy will terminate on the earliest of the following dates:

1. The date the Insured dies; or
2. The date You cash surrender this Policy ; or
3. The date this Policy lapses as described in the Policy Loan section of this Policy.

CONTROL OF THE POLICY

OWNER

The Insured is the Owner of this Policy unless a different Owner is named in the Application; or a new Owner is later named, subject to the terms of the Change of Ownership provision.

RIGHTS OF OWNERSHIP

While the Insured is living, You, as the Owner, may exercise any rights provided to You by this Policy. If this Policy is assigned; Your rights are subject to the rights of an assignee.

If You die before the Insured, all ownership rights then belong to the contingent Owner. If there is no contingent Owner, ownership rights then belong to Your estate.

CHANGE OF OWNERSHIP

While the Insured is living and this Policy is In Force, You may name a new Owner by providing us with a notice of the change In Writing. You and any irrevocable Beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us in Our Home Office.

ASSIGNMENT

This Policy may be assigned. No assignment will be recognized by Us unless a copy is received and recorded by Us in Our Home Office. We will not be responsible for the validity of any assignment. The claim of any assignee is subordinate to Ours, including any Indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. Rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

GENERAL

The Beneficiary receives the Death Benefit Amount of this Policy upon the death of the Insured. If the Beneficiary dies prior to the Insured, then the Death Benefit Amount will be paid to the Contingent Beneficiary. The Beneficiary and Contingent Beneficiary of this Policy are named in the Application, unless new Beneficiaries are named later. The Beneficiary and Contingent Beneficiary are subject to the terms of the Change of Beneficiary provision.

If no named Beneficiary survives the Insured, then You or in the event of Your death, Your estate, will be named as the Beneficiary.

CHANGE OF BENEFICIARY

At any time, while the Insured is living and the Policy is In Force, You may request a change In Writing of the Beneficiary and/or Contingent Beneficiary. You and any Irrevocable Beneficiary must sign the request. The change will take effect on the date the request is signed. However, it will not affect any action taken by Us before the request is received and recorded by Us in Our Home Office.

POLICY VALUES

ACCUMULATION VALUE

The Accumulation Value is the sum of all Declared Rate Account Values, all Indexed Strategy Account Values, the Loan Collateral Account and the Basic Account.

GUARANTEED ACCUMULATION VALUE

The Guaranteed Accumulation Value is equal to the Single Premium paid plus Bonus Interest accumulated at the Guaranteed Annual Interest Rate, as shown on the Policy Data Page adjusted by any Guaranteed Activity.

COST OF INSURANCE

We will deduct the Cost of Insurance Charge from the Accumulation Value on the Policy Date and on each Policy Anniversary. The Maximum Annual Cost of Insurance Charge is the Net Amount at Risk divided by 1,000 then multiplied by the Maximum Annual Guaranteed Cost of Insurance Rates.

The Cost of Insurance Charge will be deducted from the Account Values as designated by the Order of Activity on the Definitions Page.

Cost of Insurance Rates varies by sex, Attained Age and Premium Class. The Maximum Annual Cost of Insurance Rates for each Policy Year of Your Policy is shown in the Maximum Annual Guaranteed Cost of Insurance Rates Table on the Cost of Insurance Rates Page and is based on the Commissioner's 2001 Standard Ordinary Mortality Table, sex, Premium Class and Attained Age. We may charge current rates less than the maximums shown.

NET AMOUNT AT RISK

The Net Amount at Risk is equal to the difference of the greater of; the Face Amount and the Accumulation Value on the Policy Anniversary divided by the Net Single Premium; and the Accumulation Value on the Policy Anniversary.

POLICY EXPENSE CHARGE

We will deduct an Annual Policy Expense Charge from the Accumulation Value on the Policy Date and on each Policy Anniversary up to the Maximum Policy Expense Charge Period. The Policy Expense Charge equals the Face Amount divided by 1,000 then multiplied by the Policy Expense Charge Factor. The Policy Expense Charge Factor and Maximum Policy Expense Charge Period are shown in the Policy Information Section on the Policy Data Page. We intend to deduct a Policy Expense Charge for a shorter period than the Maximum Policy Expense Charge Period.

The Policy Expense Charge will be deducted from the Account Values as designated by the Order of

Activity on the Definitions Page.

GUARANTEED TABULAR CASH VALUE

The Guaranteed Tabular Cash Value on any day is equal to the Face Amount on that date multiplied by a cash value factor that produces the minimum allowable cash value under the Standard Nonforfeiture Law of the state where this Policy is delivered. The cash value factors We use are described in Basis of Values Section of this Policy.

GUARANTEED CASH SURRENDER VALUE

The Guaranteed Cash Surrender Value equals the greater of (a) the Guaranteed Accumulation Value less the Surrender Charge, less any Indebtedness and (b) the Guaranteed Tabular Cash Value less any Indebtedness, and (c) the Single Premium paid less any Indebtedness. The Guaranteed Cash Surrender Value on certain Policy Anniversaries is shown in the Guaranteed Cash Surrender Values Table on the Table of Values Page. This value assumes that the Single Premium shown in the Policy Information Section on the Policy Data Page has been paid and that there have been no loans taken. The Guaranteed Cash Surrender Value will never be less than the minimum cash value required by the laws of the state in which this Policy is issued.

CASH SURRENDER VALUE

The Cash Surrender Value is the greater of the Accumulation Value less the Surrender Charge and less any Indebtedness, and the Guaranteed Cash Surrender Value.

SURRENDER

You may surrender this Policy to Us at any time while it is In Force. If You do, We will pay the Cash Surrender Value. This Policy will terminate without notice if You surrender it, and it may not be Reinstated.

SURRENDER CHARGE

A Surrender Charge will apply if You surrender this Policy during the first ten (10) Policy Years. The Surrender Charge is equal to the percentage shown in the Surrender Charge Percentage Table on the Policy Data Page multiplied by the Single Premium paid.

WITHDRAWAL

No withdrawals are permitted. Subject to the provisions under Policy Loans, You may request a loan. You may also surrender your Policy at any time.

POLICY LOANS

RIGHT TO BORROW AND LOAN VALUE

Loans are available anytime after the first year. The maximum loan amount equals the Cash Surrender Value minus the loan interest on the Cash Surrender Value from the date of the loan to the next Policy Anniversary.

The Policy is the sole security for the Indebtedness. Any Indebtedness at time of termination will reduce the Policy Proceeds.

LOAN COLLATERAL ACCOUNT

When a loan is requested, the amount of the loan is transferred from the Account Values, as designated by the Order of Activity on the Definitions Page, to the Loan Collateral Account.

The annual effective interest rate applicable to the Loan Collateral Account will always equal the Guaranteed Annual Rate for the Loan Collateral Account, as shown on the Policy Data Page. Interest is credited daily to the Loan Collateral Account.

LOAN INTEREST CHARGED

The annual interest rate charged on loans will not exceed the Maximum Loan Interest Rate, as shown on the Policy Data Page. We may charge less than the Maximum Loan Interest Rate. Any loans taken, less loan repayments, plus charged interest on a daily basis is known as the Indebtedness.

AUTOMATIC TRANSFERS

While Indebtedness exists, a transfer to the Loan Collateral Account will occur on the Policy Anniversary. The amount of this transfer is the difference between the Indebtedness and the Loan Collateral Account on that day. It will be transferred from the Account Values, as designated by the Order of Activity on the Definitions Page, to the Loan Collateral Account. Such calculation and transfer will occur after interest, if any, is calculated and credited, and after charges are deducted.

REPAYMENT

Loan repayments up to and including the Indebtedness may be made by You at anytime prior to the termination of the Policy. A transfer from the Loan Collateral Account to the Basic Account for the same amount will simultaneously occur. If the loan repayment exceeds the Loan Collateral Account, only the amount in the Loan Collateral Account will be transferred to a Basic Account.

BASIC ACCOUNT

The Basic Account will be credited interest each day at a rate no less Guaranteed Annual Rate for the Basic Account, as shown on the Policy Data Page. On the next Policy Anniversary, the Basic Account will automatically be allocated to a Declared Rate Strategy as chosen by Us, unless You notify us otherwise.

POLICY LAPSE AND NOTICE

This Policy will Lapse when the Cash Surrender Value is equal to or less than \$0.00. Thirty-one (31) days before Your Policy Lapses, a notice stating the excess amount that is due will be mailed to Your last known address and that of any assignee of record. You may pay the excess within this 31-day period.

If there is no Indebtedness, We guarantee this Policy will not Lapse.

REINSTATEMENT

After this Policy has Lapsed, You may Reinstate it within three (3) years after the date of Lapse. You cannot Reinstate this Policy if it has been surrendered. To reinstate this Policy You must:

1. Furnish Evidence of Insurability satisfactory to Us; and
2. Repay or Reinstate the Policy loan with interest at an annual rate not to exceed the Maximum Loan Interest Rate, as shown on the Policy Data Page, compounded annually. Interest at this rate will be due from the date of Lapse to the date of Reinstatement of the Policy.

BENEFITS

FACE AMOUNT

The Face Amount is shown in the Policy Information Section on the Policy Data Page.

DEATH BENEFIT AMOUNT

While this Policy is In Force, the Death Benefit Amount will be the greater of the following two amounts and never less than the Guaranteed Death Benefit Amount:

1. The Face Amount on the date of death, less any Indebtedness; and
2. The Accumulation Value on the date of death, divided by the Net Single Premium Factor for the Insured's Attained Age, sex and Premium Class, less any Indebtedness.

GUARANTEED DEATH BENEFIT AMOUNT

While this Policy is In Force, the Guaranteed Death Benefit Amount will be the greater of the following two amounts:

1. The Face Amount on the date of death, less any Indebtedness; and
2. The greater of the Guaranteed Accumulation Value on the date of death, and the Guaranteed Tabular Cash Value on the date of death, and the Single Premium paid; divided by the Net Single Premium Factor for the Insured's Attained Age, sex and Premium Class; less any Indebtedness.

The Net Single Premium Factors that apply on Policy Anniversaries are shown on the Net Single Premium Factors Page. If the Insured dies between Policy Anniversaries, the factor on the preceding Policy Anniversary is increased proportionately to account for the period from the preceding Policy Anniversary to the end of the month in which the Insured dies.

POLICY PROCEEDS

The proceeds of this Policy may either be the Death Benefit Amount that is payable to the Beneficiary upon the death of the Insured, or the Cash Surrender Value payable to You if You surrender this Policy during the lifetime of the Insured. Proceeds may be paid in a lump sum or under one or more Income Options. See the Income Options Section of this Policy.

Death Benefit Amount proceeds will be calculated based on the date of the Insured's death. We will make payment (within two (2) months (in Indiana)) of receipt of Due Proof of the death of the Insured. If settlement is made after the first thirty (30) days, We will pay interest as required by law.

Cash Surrender Value proceeds will be calculated based on the date We receive, In Writing, Your request to Surrender this Policy in Our Home Office.

We will pay interest from the date proceeds are calculated to the date of payment. The rate of interest will not be less than that required by law.

LOAN OR SURRENDER DEFERMENT

We may defer the payment of any surrender or Policy loan for not more than six (6) months after We receive Your request In Writing.

PROTECTION AGAINST CREDITORS

As permitted by law, funds held and Income Option payments shall not be subject to levy, attachment or other judicial process.

INCOME OPTIONS

GENERAL

All or part of the Policy Proceeds may be applied to an Income Option. In addition to the options described below, other options may be available upon request. When an Income Option is elected, this Policy terminates and a supplementary Policy is issued, with a Policy date equal to the first payment date. You will name at least one Annuitant and a Payee. The Annuitant and the Payee can be the same person. The payments made under a supplementary Policy are called Annuity Payments.

ANNUITY PAYMENTS

The Company will make Annuity Payments to the Payee according to the Income Option elected by the Owner. If the Owner does not name a Payee, the Annuitant will become the Payee. If an Income Option is based on the Annuitant's life, Due Proof the Annuitant is alive and Due Proof of the Annuitant's Age and sex may be required before Annuity Payments begin. The Annuity Payments will be based on proceeds equal to:

1. The Policy Proceeds value before Annuity Payments begin, less
2. Any Taxes payable by Us and not previously deducted.

The minimum amount that may be applied to an Income Option is \$2,500. Each Annuity Payment must be at least \$100.00.

Income Options of Life will be based on the Annuity 2000 Mortality Table.

ANNUITY PAYMENTS BEGIN

Payments begin one month following the date Policy Proceeds are applied to an Income Option.

GUARANTEED AND EXCESS INTEREST

Annuity Payments under all Settlement options are calculated at an annualized interest rate of no less than 1.00%.

PAYEE

The person named to receive the Annuity Payments under an Income Option is called a Payee. An association, corporation, partnership or fiduciary may not be a Payee without Our approval.

DEATH OF PAYEE

When the Payee dies, the value of any remaining Annuity Payments will be paid in a lump sum to the Payee's estate. This value equals the discounted value of any unpaid payments still due. This value will be based on the interest rate that was used to determine the payments.

ELECTION OF INCOME OPTIONS

All Policy Proceeds are payable in one lump sum or under any of the Income Options described below.

The Owner may elect or change, In Writing, an Income Option while the Insured is living and prior to the Expiry Date of this Policy. An Income Option selected for a particular Beneficiary will end if You change that Beneficiary. After the Insured dies, anyone who will receive the Policy Proceeds in one sum may choose an Income Option. We must receive the request, In Writing, within 60 days.

If a Beneficiary chooses an Income Option, the rights of all other Beneficiaries end. Any amount remaining unpaid when that Beneficiary dies will be paid to his or her estate unless another Beneficiary has been named to receive payment. The Beneficiary may make such a selection.

If no Income Option is elected, the default Income Option is Option 2, Table 2; Life Income with a guaranteed period of monthly payments for ten (10) years.

Equivalent payments for monthly, quarterly, semi-annual or annual intervals may be chosen. The Income Options are described in terms of monthly payments. We will quote the amount of the other payments upon request. For life contingent options, there is no value that may be commuted, withdrawn or transferred to another option after the date of the first payment.

INCOME OPTIONS

1. Income for Fixed Period

We will make guaranteed equal payments at regular intervals from five (5) to twenty (20) years.

2. Life Income

We will make equal payments at one (1) month intervals during the lifetime of the Annuitant named in the supplementary Policy.

a. Guaranteed Period

We can guarantee that payments will be made for a certain number of years, even if the Annuitant named in the supplementary Policy dies before all the guaranteed payments are made. If the Annuitant named in the supplementary Policy dies before the certain number of years has passed, payments will continue to the Beneficiary named in the supplementary Policy. (Option 2, Table 2)

b. Life Only

The Annuity Payments are paid as long as the Annuitant lives. (Option 2, Table 3)

3. Interest

For an agreed period of at least five (5) years, Policy Proceeds will be held by Us and will earn interest at a rate We declare annually. During the period:

a. Interest is paid periodically to the Payee; or

b. Interest accumulates.

Any time during the period, Policy Proceeds plus any accumulated interest may be applied under another Income Option. At the end of the period, Policy Proceeds plus any accumulated interest may be taken in a lump sum payment or applied under another payment option.

4. Joint and Survivor Life Annuity

We can guarantee that equal payments will be made jointly to two annuitants as long as they both live. When one of the annuitants dies, payments will continue to the survivor under one of the following choices:

a. Equal monthly payments of the original amount. (Joint and 100% survivor)

b. Equal monthly payments of 2/3 of the original amount. (Joint and 2/3 survivor)

c. Equal monthly payments of 1/2 of the original amount. (Joint and 1/2 survivor)

5. Income of Fixed Amount

We can guarantee that a certain amount will be paid at fixed intervals until the proceeds and interest earned by the unpaid proceeds have been paid. The payments of a fixed amount must extend over a period of at least five (5) years. Our last payment will be the balance of the proceeds and interest. You determine the amount of each payment, which may be made at twelve (12), six (6), three (3) or one (1) month intervals.

6. We reserve the right to offer additional Income Options.

The Income Option tables show monthly Annuity Payments based on \$1,000.00 of annuity proceeds. Upon request, the Annuity Payments under any Income Option can be paid quarterly, semi-annually or annually. The Annuity Payments for any Age, sex or payment frequency not shown are furnished upon request.

INCOME OPTION TABLES

Monthly Income per \$1,000 of Policy Proceeds
Guaranteed Basis of Calculation for Income Options

The basis is the Annuity 2000 Mortality Table (sex distinct) @ 1.0%.

Income Option 1
Income for Fixed Period

Table 1	
# of Years Payable	Monthly Income
5	\$17.09
6	\$14.31
7	\$12.33
8	\$10.84
9	\$9.68
10	\$8.76
11	\$8.00
12	\$7.37
13	\$6.84
14	\$6.38
15	\$5.98
16	\$5.64
17	\$5.33
18	\$5.06
19	\$4.82
20	\$4.60

Income Option 2
Income for Life

	Table 2		Table 3	
	Life w/10 Year Certain		Life Only	
Age	Male	Female	Male	Female
50	\$2.98	\$2.75	\$2.99	\$2.75
51	\$3.04	\$2.81	\$3.07	\$2.82
52	\$3.11	\$2.87	\$3.14	\$2.88
53	\$3.19	\$2.93	\$3.22	\$2.95
54	\$3.27	\$3.00	\$3.30	\$3.02
55	\$3.35	\$3.07	\$3.39	\$3.09
56	\$3.44	\$3.15	\$3.48	\$3.17
57	\$3.53	\$3.23	\$3.57	\$3.25
58	\$3.63	\$3.32	\$3.68	\$3.34
59	\$3.73	\$3.40	\$3.79	\$3.43
60	\$3.83	\$3.50	\$3.90	\$3.53
61	\$3.94	\$3.60	\$4.03	\$3.64
62	\$4.06	\$3.70	\$4.16	\$3.75
63	\$4.19	\$3.81	\$4.30	\$3.87
64	\$4.32	\$3.93	\$4.45	\$3.99
65	\$4.45	\$4.05	\$4.61	\$4.13
66	\$4.59	\$4.18	\$4.78	\$4.27
67	\$4.74	\$4.32	\$4.96	\$4.42
68	\$4.90	\$4.46	\$5.15	\$4.59
69	\$5.05	\$4.61	\$5.36	\$4.77
70	\$5.22	\$4.77	\$5.58	\$4.96

Income Option 4
Joint & Survivor Life Income

Table 4				
Male Age	Female Age	Joint & 100% Survivor	Joint & 2/3 Survivor	Joint & 1/2 Survivor
50	45	\$2.33	\$2.58	\$2.72
50	50	\$2.47	\$2.72	\$2.87
55	55	\$2.74	\$3.05	\$3.23
60	55	\$2.85	\$3.23	\$3.45
65	60	\$3.23	\$3.71	\$4.00
65	65	\$3.54	\$4.05	\$4.35
70	65	\$3.74	\$4.35	\$4.74
70	70	\$4.17	\$4.83	\$5.25
75	70	\$4.44	\$5.25	\$5.78
75	75	\$5.03	\$5.94	\$6.52

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FIXED INDEXED SINGLE PREMIUM WHOLE LIFE POLICY

Insurance Payable at Death

Nonparticipating

Actual Cash Values May Exceed The Minimum Guaranteed Cash Surrender Values
Shown On The Table of Values Page



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com**Fixed Indexed Supplemental Application****Owner/Proposed Insured**

Name: _____

(First)

(Middle)

(Last)

Social Security Number: _____ Date of Birth: _____

Joint Owner/Proposed Insured

Name: _____

(First)

(Middle)

(Last)

Social Security Number: _____ Date of Birth: _____

Fixed Indexed Plan Selection

- ☐ Gold Series Fixed Indexed Single Premium Whole Life
- ☐ Platinum Series Fixed Indexed Universal Life
- ☐ Platinum Series Fixed Indexed Single Premium Deferred Annuity
- ☐ with Premium Bonus
- ☐ without Premium Bonus
- ☐ Other _____

Premium Allocation

	Initial	Renewal
Declared Rate Strategy	%	%
Indexed Strategy 1 – S&P 500® Index	%	%
Indexed Strategy 2 – Russell® 2000 Index, Hang Seng Index & Eurostoxx 50®	%	%
Total:	100%	100%

Owners Statement:

I understand that I am applying for a fixed indexed insurance product and that the values in the contract may be affected by an external index. The contract does not directly participate in any stock equity investments. The statements and answers given in this supplement are true, complete and correctly recorded to the best of my knowledge and belief. Upon written request, the company is required to provide reasonable factual information regarding the benefits and provisions of the policy/contract. If for any reason I/We are not satisfied with the contract/policy, I/We may return it to the Company or any of its agents within thirty (30) days from the date I/We received it for a full refund of the premium paid.

Signed at (City/State): _____ Date: _____

X_____
Signature of Owner/Proposed Insured**X**_____
Signature of Joint Owner/Proposed Insured_____
Agent Name (please print)_____
Agent Number**X**_____
Signature of Agent

BC070245



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067

**Sagicor Life Gold Series
Fixed Indexed Single Premium Whole Life Insurance
Disclosure Supplement to Application**

This Disclosure Supplement describes and summarizes certain key features of the Sagicor Life Gold Series Fixed Indexed Single Premium Whole Life Insurance policy. Please see Your Policy for more detailed policy information. This Policy and some features of this Policy may not be available in all states or may vary by state.

Proposed Insured Name

Owner Name (if other than Proposed Insured)

Writing Agent Name

WHAT IS THE SAGICOR LIFE GOLD SERIES FIXED INDEXED SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY?

This policy is an indexed single premium whole life insurance policy. Single premium means you make one premium payment, subject to certain guidelines. Indexed means you have the choice of allocating the premium into three (3) interest crediting strategies, described below. This whole life policy is permanent life insurance coverage and is not a variable contract or any type of investment contract. The policy is nonparticipating, so it is not eligible for dividends. Upon the Insured's death, the proceeds are paid to the named beneficiaries.

WHAT ARE THE INTEREST CREDITING STRATEGIES?

There are currently three (3) crediting strategies, a Declared Rate Strategy and two [2] Indexed Linked Strategies, the S&P 500® linked strategy and the Global Look-Back Strategy.

Declared Rate Strategy [1]

Declared Rate Strategy [1] offers a current credited interest rate declared by Us that will be in effect for at least the first 12 months. At each anniversary We may change this rate for the following year but it will never be less than the Guaranteed Annual Interest rate of 2% per year.

The two (2) Indexed Linked Strategies

The current indexed linked strategies available are Indexed Strategy [1], linked to the S&P 500® and Indexed Strategy [2], linked to Global Look-Back Indexed strategies. Each offers index credits that are linked in part to the performance of the market index elected. The value of your policy may be enhanced by the performance of the external index you selected, but there is no downside risk because you do not directly participate in any index fund, stock, or equity investment. The indexed strategies guarantee the credited rate will never be less than 0%.

Indexed Strategy [1]

This S&P 500® linked strategy is linked to the Standard & Poors® composite stock price. The performance of the stocks excluding dividends if any, of 500 publicly traded companies that make up the S&P 500® are reflected in the index.

Indexed Strategy [2]

The Global Look-Back Strategy is a "basket" of indices and utilizes a 3-year look-back with the benefit of hindsight. The Indexed Interest Rate is calculated using 60% of the return of the best performing index, plus 40% of the return of the 2nd best-performing index and then multiplied by the participation rate. The worst performing index over the period is not used when determining the amount of indexed interest to be credited to the Indexed Strategy Account. By always eliminating the worst performing index, this strategy can give you the benefit of hindsight in calculating credited interest.



WHAT ARE THE CURRENT GLOBAL LOOK-BACK STRATEGIES USED?

Currently the three (3) indices used for the Global Look-Back Strategy are the:

- Russell 2000®
- Dow Jones EURO STOXX 50®
- Hang Seng Index

These provide an opportunity to benefit from globally diversified indices that don't necessarily move in the same direction at the same time (negative correlation).

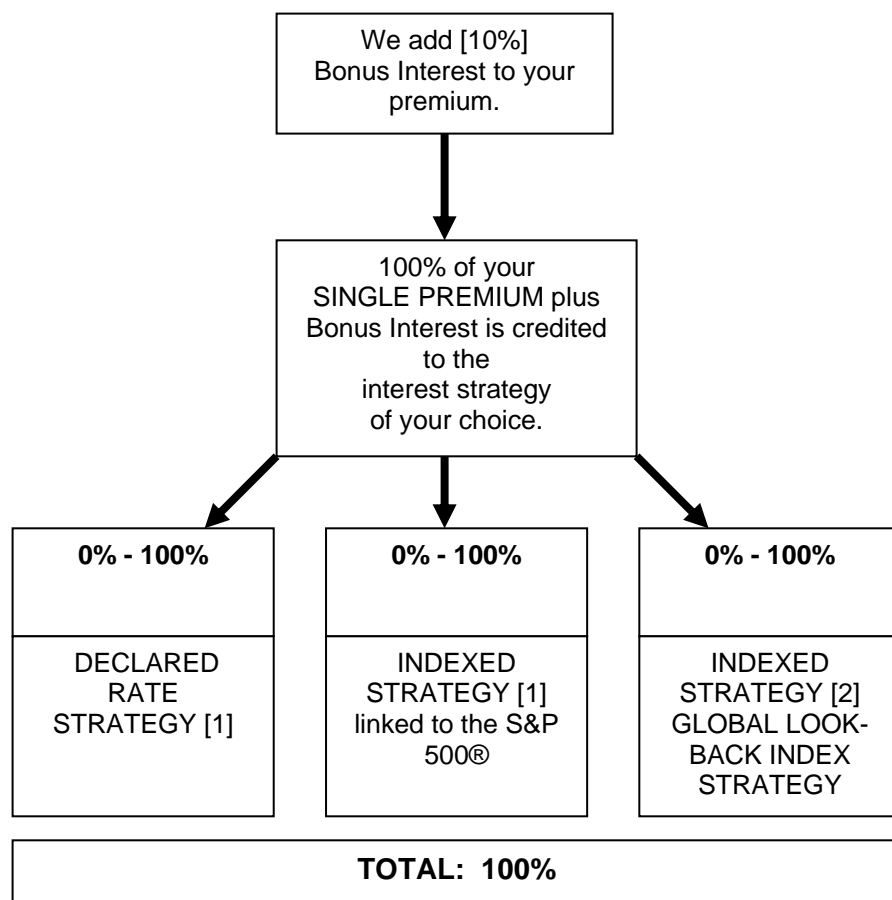
HOW DO I ELECT A STRATEGY FOR MY PREMIUM?

Your strategy election is communicated to Sagicor Life by completing the Fixed Indexed Supplemental Application Form [5018].

You have the option of allocating all or a portion of your premium into any of the three (3) interest crediting strategies. The percentages can be in any proportion as long as they equal 100%.

WHAT STEPS ARE TAKEN ONCE MY PREMIUM IS PAID AND THE POLICY IS ISSUED?

Once we receive your Single Premium payment and the policy is issued the following takes place.



ONCE MY PREMIUM IS DIRECTED TO A STRATEGY, WHAT HAPPENS?

You can direct all or a portion of your premium to any of the three (3) strategies. The features of each strategy and the crediting procedures are described below.

DECLARED RATE STRATEGY [1]

When you direct premium to Declared Rate Strategy [1] a Declared Rate Account is created. Interest is credited to the account on a daily basis. The interest rate is fixed for the one-year Term Period and is guaranteed never to be less than 2%.

\$ Declared Rate
Strategy



INDEXED STRATEGY [1]

When you direct premium to the Indexed Strategy [1] an Indexed Strategy Account is created and the one-year Term Period begins.

Indexed Strategy [1] uses the S&P 500® index. It is a one-year point-to-point strategy. Indexed interest, if any, is credited to the Indexed Strategy Account, on the Policy anniversary.

The strategy election will automatically renew for another year unless you request a transfer to a different strategy.

The indexed interest credited is based on the change in the index from the beginning of the Term Period to the end of the Term Period and subject to the Participation Rate and the Cap.

Any positive gains are locked in and not subject to loss next year. Interest credited to the Indexed Strategy Account can never be less than zero.

\$ S&P 500 Index
Stand Alone
with Cap



INDEXED STRATEGY [2]

If you direct money to Indexed Strategy [2] an Indexed Strategy Account is created. This strategy has a 3-year Term Period. Interest will be credited to the Indexed Strategy Account at the end of the Term Period. If this Policy terminates due to the death of the Insured, then the Term Period will end on the date of death and interest will be credited to the Indexed Strategy Account at that time.

The value of the (3) three indices at the end of the Term Period are compared with their respective value at the beginning of the Term Period.

Indexed interest, if any, is calculated using 60% of the return of the best-performing index and 40% of the return of the second best-performing index and then adjusted for the Participation Rate. The worst performing index over the period is not used when determining the amount of indexed interest to be credited to the Indexed Strategy Account.

This strategy gives you the benefit of hindsight since it looks back three (3) years. It also provides an opportunity to benefit from globally diverse indices that do not necessarily move in the same direction, at the same time.

Basket Indexed
Strategy with a
Participation Rate

\$ Russell 2000
Dow Jones Euro Stoxx 50
Hang Seng



How do I reallocate my choices?

The Declared Rate Strategy and Indexed Strategy [1] have one year Term Periods and can be adjusted at the end of the Term Period.

Indexed Strategy [2] has a three year Term Period and can be adjusted at the end of the three year period.

You will be notified when these periods are about to renew.

What are the declared interest rate, the Participation Rate and the Cap?

The fixed interest rate for Declared Rate Strategy [1] is declared annually and guaranteed for one year. The current one-year rate for this policy can be found at our website, www.SagikorlifeUSA.com, or by calling Client Services at 1-800-531-5067. The fixed rate is guaranteed to never be less than 2% for the life of the policy.

Indexed Strategy [1] (S&P 500® Index linked strategy) currently has a [100%] Participation Rate and a [7%] Cap. The Participation Rate and Cap are guaranteed for the initial Term Period. The minimum Participation Rate is [100%]. There is a minimum Cap of 3% and an Initial Cap of [7%] for this strategy.

Indexed Strategy 2 (Global Look-Back Basket index) has no cap and an Initial Participation Rate of [50%] which is declared by us and guaranteed for each three (3) year Term Period. The minimum Participation Rate is 15%.

I'd like to see an example, please.

Following are hypothetical examples of how the index interest for different individual policies, using different strategies would be calculated. The examples do not predict actual future values for you or our policyholders.

Case Study - Example #1

Mary – Age 62, Non-Smoker

\$100,000 Single Premium

Mary allocates her premium into the following strategies:

25% into Declared Rate Strategy 1 - currently at 5.5%
75% into Indexed Strategy 1 (S&P 500® Index linked strategy)
7% Cap and 100% Participation Rate
The S&P 500® index has a beginning value of 1300 and an ending value of 1800
Bonus Interest \$10,000

The interest is calculated

Declared Rate Strategy [1]

Premium and Bonus Interest Allocation:	\$27,500
Initial Interest Rate:	5.5%
Declared Rate Strategy 1 interest:	$\$27,500 \times 5.5\% = \$1,513$
Declared Rate Strategy 1 Account Value at end of year:	\$29,013

Indexed Strategy 1

Premium and Bonus Interest Allocation:	\$82,500
Indexed Interest Rate:	$(1800/1300 - 1) = 38\%$
Interest rate credited to the Indexed Strategy Account:	Minimum of 7% and 38% = 7%
Indexed Strategy 1 interest:	$\$82,500 \times 7\% = \$5,775$
Indexed Strategy 1 Account Value at end of year:	\$88,275

Accumulation Account Value at the end of the Term Period	\$117,288
--	-----------

Case Study - Example #2

Fred – Age 54, Non-Smoker

\$50,000 Single Premium

Fred allocates his premium into the following strategies:

100% into Indexed Strategy 2 (Global Look-Back Basket Index)
3-year Term Period with 50% Participation Rate and No Cap

Russell® 2000 is up	+ 19%
Down Jones EURO STOXX 50® is up	+ 38%
Hang Seng Index is down	- 29%
Bonus Interest	\$5,000

The interest is calculated

Indexed Strategy 2

Indexed Interest Rate (60% x 38% + 40% x 19%) x 50% = 15.2%

Premium and Bonus Interest Allocation: \$55,000

Indexed interest credit at the end of the 3 year Term Period: \$8,360

Indexed Strategy [2] Account Value at end of year 1: \$55,000

Indexed Strategy [2] Account Value at end of year 2: \$55,000

Indexed Strategy [2] Account Value at end of year 3: \$63,360

Accumulation Account Value at the end of the Term Period \$63,360

What is the value of the policy if it is surrendered for cash?

If you decide to surrender the policy you will receive its Cash Surrender Value which is detailed in the illustration your Sagicor agent provided to you. The Cash Surrender Value will change year by year, but is guaranteed to never be less than your Single Premium. You can always call Sagicor Life Client Services for this information at 1-800-531-5067.

The surrender charges for the Sagicor Life Gold Series Indexed Single Premium Whole Life are as follows:

Year	1	2	3	4	5	6	7	8	9	10	11+
Surrender Charge	12%	12%	11%	10%	9%	8%	7%	6%	4%	2%	0

Acknowledgements and Statements of Understanding

(Please initial each of the following statements, signifying that you have read and understand each statement.)

- _____ This is a life insurance policy that is neither a variable contract nor any type of investment contract.
- _____ Any personalized illustrations are based on hypothetical rates of return which are not indicative of future index crediting or actual interest credited in the Declared Rate Strategy.
- _____ You have a 30-Day Right To Examine and return the policy after you receive it. If you decide to return the policy, all premiums paid will be returned.
- _____ The Company (Sagicor Life) reserves the right to set (declare) interest rates, Participation Rates, and index Caps subject to guaranteed minimums and maximums in the policy.
- _____ I understand that this Disclosure Supplement to Application form is made part of my application for a Sagicor Life Gold Series Fixed Indexed Single Premium Whole Life Insurance policy which is a non-participating (no dividends) single premium indexed whole life policy.
- _____ The Sagicor Life Gold Series Fixed Indexed Single Premium Whole Life Insurance policy contains a Declared Rate Strategy and two (2) Indexed Strategies. While the policy may be affected by an external index, I understand my premium dollars and policy value do not directly participate in any index fund, stock, or equity investment.
- _____ Sagicor Life Insurance Company does not render legal or tax advice. If legal or tax advice is required, the services of a competent professional should be sought.

By signing below, I acknowledge that I have read and understand this document (not applicable in Arkansas)

Signature of Proposed Owner

Date

Agent Certification

I certify that this Disclosure Supplement to Application has been presented to the Proposed Insured. I have not made any promises about future results and have not made any statements that differ from the information detailed in this form, company brochure, or policy.

Signature of Writing Agent

Date

Sagicor Life Gold Series Fixed Indexed Single Premium Whole Life Policy Form 1005, Rider Form 6013 may vary by state and may not be available in all states. The policy is issued by Sagicor Life Insurance Company a member of the Sagicor Financial Group. All guarantees are based on the financial strength and claims-paying ability of Sagicor Life Insurance Company, Scottsdale, AZ which is solely responsible for the obligations under its own policies.

Disclosures:

The Owner does not purchase interests or otherwise directly participate in any stock market index, mutual fund, stock or other investment in securities.

Each Index does not reflect dividends paid by the stock underlying that index.

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**Gold Series
Fixed Indexed
Single Premium Whole Life**

*Designed
for:*

**[John Doe]
[7604 N.W. 30th St.]
[Oklahoma City, OK 73008]**

Presented by:

**[Michael L. Kerr]
[1008 N.W. Grand Blvd.]
[Suite B]
[Oklahoma City, OK 73118]
[(800) 406-9900]**



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Gold Series Fixed Indexed Single Premium Whole Life

Explanation of Terms and Benefits

Life Insurance

The Gold Series Fixed Indexed Single Premium Whole Life is an individual life insurance policy. This illustration shows policy values and benefits based upon assumptions specified herein, and reflects both current and guaranteed values. This illustration is only a summary; please refer to the policy for full details. In the event of conflict, policy language will control.

The values are based upon a number of factors, including charges, and interest credited to the policy. Interest rates and charges are subject to change. The interest rate credited for each Strategy is guaranteed not to be less than the Guaranteed Annual Interest rate shown in the policy for that Strategy. The charges are guaranteed not to exceed the maximums listed in the policy. See the policy for more information.

Underwriting Class

The premium options and annual charges calculated for this illustration assume a policy is issued with the underwriting class listed above. The actual underwriting class will depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your insurance policy.

Single Premium

This is the amount of premium you plan to pay for this policy. This illustration assumes the single premium is paid as shown. Charges will be applied against the policy in all years prior to age 100. Unless otherwise stated, all values shown are determined as of the end of the policy year. The non-guaranteed benefits and values are based on assumptions that are subject to change by the Company.

Bonus Interest

The Bonus Interest is a percentage of the Single Premium paid that We automatically credit at issue.

Allocation Percentage

The Allocation Percentage for each Strategy is the percentage of the Single Premium plus Bonus Interest that is allocated to that strategy.

Assumed Interest Rate

The Assumed Interest Rate for the Declared Rate Strategy is the initial Declared Rate Strategy interest rate. The Assumed Interest Rate for the Index Strategy [1] and Index Strategy [2] is the annualized interest rate that each Strategy would have returned over the most recent twenty years.

Guaranteed Accumulation Value

The Guaranteed Accumulation Value is equal to the Single Premium paid plus Bonus Interest accumulated at the Guaranteed Annualized Interest Rate, adjusted by any Guaranteed Activity.

Guaranteed Cash Surrender Value

The Guaranteed Cash Surrender Value is the lowest amount available to the Owner upon surrender.

Guaranteed Death Benefit Amount

The Guaranteed Death Benefit Amount is the minimum amount available to the beneficiary upon death of the Insured.



LIFE INSURANCE COMPANY

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Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Gold Series Fixed Indexed Single Premium Whole Life

Guaranteed Activity

The Guaranteed Activity is the Maximum Guaranteed Cost of Insurance Charge, Maximum Policy Expense Charge, or transfer to the Loan Collateral Account.

Declared Rate Strategy [1] Account Value

The Declared Rate Strategy [1] Account Value is the amount allocated to this strategy increased by any interest credited at the assumed Declared Rate Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [1] Account Value

The Index Strategy [1] Account Value is the amount allocated to this strategy increased by any interest credited at the assumed Index Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [2] Account Value

The Index Strategy [2] Account Value is the amount allocated to this strategy increased by any interest credited at the assumed Index Strategy [2] interest rate, less any Activity related to this account.

Accumulation Value

The Accumulation Value is the sum of the Declared Rate Strategy [1] Account Value, the Index Strategy [1] Account Value, the Index Strategy [2] Account Value, and the balance of the Loan Collateral Account.

Cash Surrender Value

The Cash Surrender Value is the amount available to the Owner upon surrender of the policy.

Death Benefit Amount

The Death Benefit Amount is the amount available to the beneficiary upon death of the Insured.

Activity

Activity is any Cost of Insurance Charge, Policy Expense Charge, or transfer to the Loan Collateral Account.

All values assume that the Face Amount and the Single Premium paid are as shown, and that there have been no loans, or accelerated benefit payments taken.

Surrender Charges The Account Value is subject to a surrender charge in the first ten years as follows.

Contract Year	[1]	2	3	4	5	6	7	8	9	10	11+
Surrender Charge	[12%]	[12%]	[11%]	[10%]	[9%]	[8%]	[7%]	[6%]	[4%]	[2%]	[0%]

7 Pay Premiums (MEC Calculations) In order to receive favorable tax treatment of distributions (including loans) under the Internal Revenue Code, a life insurance policy must satisfy a 7-Pay Premium limitation during the first 7 years and during 7 years after certain policy changes. Failure to satisfy this limitation makes the policy a Modified Endowment Contract (MEC) and causes distributions to be taxable to the extent that there is a gain in the policy. In addition, there is a penalty of 10% of taxable income for distributions from such contracts before age 59½ with certain exceptions.

Modified Endowment Contract

As illustrated, your policy may be a MEC and subject to special taxation rules. Please consult your tax advisor for more information.



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Gold Series Fixed Indexed Single Premium Whole Life

Declared Rate Strategy [1]

The Interest credited is declared by Sagicor Life Insurance Company and is guaranteed for the first year. Interest under Declared Rate Strategy [1] will be credited daily from the time an allocation is made to this strategy. The interest rate declared will not change prior to 1 year following the date when the allocation is made. On the anniversary date of the allocation, the interest rate then declared will once again not change for at least another year.

Indexed Strategy [1] - S&P 500® with a Cap

This is a 1-year point-to-point strategy based on an annual reset index strategy of the S&P 500® index. Interest is credited at the end of the year, and is based solely upon any positive change in the index value which is subject to a floor of 0% and a maximum equal to the Cap. The cap is declared in advance, is guaranteed for one year and may change annually.

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Indexed Strategy [2] – Basket Index with a Participation Rate

This is a 3-year point-to-point strategy based on three indexes in this basket: the Russell® 2000, the Dow Jones Euro Stoxx 50®, and the Hang Seng Index. Interest is credited at the end of the Term Period, which is defined as the earlier of date of death of the Insured or 3-years. Interest is based solely upon the ending index value and starting index value for each of these three indices. Interest is calculated using 60% of the best performing index and 40% of the second-best performing index which are added together, and then multiplied by a Participation Rate which is declared at Policy issue for the initial Term Period. The Participation Rate may change for subsequent Term Periods.

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Gold Series Fixed Indexed Single Premium Whole Life

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	<u>Guaranteed Values</u>			<u>Current Values</u>					
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit Amount	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit Amount
1	36	[\$25,000]	24,467	22,727	117,574	25,323	0	0	25,323	22,727	121,686
2	37		23,926	22,727	111,025	25,662	0	0	25,662	22,935	119,083
3	38		23,375	22,727	104,726	26,018	0	0	26,018	23,518	116,568
4	39		22,809	22,727	100,000	26,389	0	0	26,389	24,117	114,190
5	40		22,225	22,727	100,000	26,778	0	0	26,778	24,733	111,902
6	41		21,619	22,727	100,000	27,184	0	0	27,184	25,366	109,701
7	42		20,990	22,727	100,000	27,606	0	0	27,606	26,015	107,585
8	43		20,334	22,727	100,000	28,045	0	0	28,045	26,681	105,590
9	44		19,648	22,727	100,000	28,497	0	0	28,497	27,587	103,699
10	45		18,929	22,727	100,000	28,960	0	0	28,960	28,506	101,829
11	46		18,176	23,474	100,000	30,398	0	0	30,398	30,398	103,358
12	47		17,386	24,440	100,000	31,903	0	0	31,903	31,903	104,875
13	48		16,562	25,442	100,000	33,479	0	0	33,479	33,479	106,486
14	49		15,706	26,486	100,000	35,133	0	0	35,133	35,133	108,101
15	50		14,813	27,571	100,000	36,866	0	0	36,866	36,866	109,720
16	51		13,879	28,696	100,000	38,679	0	0	38,679	38,679	111,371
17	52		12,893	29,858	100,000	40,573	0	0	40,573	40,573	113,048
18	53		11,849	31,054	100,000	42,548	0	0	42,548	42,548	114,745
19	54		10,739	32,284	100,000	44,604	0	0	44,604	44,604	116,460
20	55		9,550	33,542	100,000	46,741	0	0	46,741	46,741	118,211
25	60		7,095	40,283	100,000	58,727	0	0	58,727	58,727	127,472
30	65		1,848	47,667	100,000	73,011	0	0	73,011	73,011	137,497
35	70		0	55,509	100,000	89,738	0	0	89,738	89,738	148,720
65	100		0	90,896	100,000	238,194	0	0	238,194	238,194	258,429
85	120		0	100,000	102,166	694,992	0	0	694,992	694,992	710,045]



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Gold Series Fixed Indexed Single Premium Whole Life

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Summary

	Guaranteed	Midpoint	Non-Guaranteed
Year 5, Age 40			
Accumulation Value	[22,225	24,502	26,778
Cash Surrender Value	22,727	23,730	24,733
Death Benefit	100,000	105,951	111,902
Year 10, Age 50			
Accumulation Value	18,929	23,945	28,960
Cash Surrender Value	22,727	25,617	28,506
Death Benefit	100,000	100,915	101,829
Year 20, Age 60			
Accumulation Value	9,550	28,146	46,741
Cash Surrender Value	33,542	40,142	46,741
Death Benefit	100,000	109,106	118,211
Year 35, Age 70			
Accumulation Value	8,449	49,094	89,738
Cash Surrender Value	55,508	72,623	89,738
Death Benefit	100,000	124,360	148,720]

I have received a copy of this illustration and understand that any current values illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

Signature of Applicant (Policy Owner)

Date

I certify that this illustration has been presented to the applicant and that I have explained that any current values illustrated are subject to change. I have made no statements that are inconsistent with the illustration. I have not made statements which differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any current values.

Signature of Agent

Date

Print Name of Agent

Agent License Number



Gold Series Fixed Indexed Single Premium Whole Life

Underwriting Requirements

- [Point of Sale Telephone Interview]
 - [Attending Physician Statement (ordered by Home Office)]
- [Additional requirements may be requested at discretion of the Underwriter]



**Gold Series
Fixed Indexed
Single Premium Whole Life**

*Designed
for:*

**[John Doe]
[7604 N.W. 30th St.]
[Oklahoma City, OK 73008]**

Presented by:

**[Michael L. Kerr]
[1008 N.W. Grand Blvd.]
[Suite B]
[Oklahoma City, OK 73118]
[(800) 406-9900]**



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Gold Series Fixed Indexed Single Premium Whole Life

Explanation of Terms and Benefits

Life Insurance

The Gold Series Fixed Indexed Single Premium Whole Life is an individual life insurance policy. This illustration shows policy values and benefits based upon assumptions specified herein, and reflects both current and guaranteed values. This illustration is only a summary; please refer to the policy for full details. In the event of conflict, policy language will control.

The values are based upon a number of factors, including charges, and interest credited to the policy. Interest rates and charges are subject to change. The interest rate credited for each Strategy is guaranteed not to be less than the Guaranteed Annual Interest rate shown in the policy for that Strategy. The charges are guaranteed not to exceed the maximums listed in the policy. See the policy for more information.

Underwriting Class

The premium options and annual charges calculated for this illustration assume a policy is issued with the underwriting class listed above. The actual underwriting class will depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your insurance policy.

Single Premium

This is the amount of premium you plan to pay for this policy. This illustration assumes the single premium is paid as shown. Charges will be applied against the policy in all years prior to age 100. Unless otherwise stated, all values shown are determined as of the end of the policy year. The non-guaranteed benefits and values are based on assumptions that are subject to change by the Company.

Bonus Interest

The Bonus Interest is a percentage of the Single Premium paid that We automatically credit at issue.

Allocation Percentage

The Allocation Percentage for each Strategy is the percentage of the Single Premium plus Bonus Interest that is allocated to that strategy.

Assumed Interest Rate

The Assumed Interest Rate for the Declared Rate Strategy is the initial Declared Rate Strategy interest rate. The Assumed Interest Rate for the Index Strategy [1] and Index Strategy [2] is the annualized interest rate that each Strategy would have returned over the most recent twenty years.

Guaranteed Accumulation Value

The Guaranteed Accumulation Value is equal to the Single Premium paid plus Bonus Interest accumulated at the Guaranteed Annualized Interest Rate, adjusted by any Guaranteed Activity.

Guaranteed Cash Surrender Value

The Guaranteed Cash Surrender Value is the lowest amount available to the Owner upon surrender.

Guaranteed Death Benefit Amount

The Guaranteed Death Benefit Amount is the minimum amount available to the beneficiary upon death of the Insured.



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Guaranteed Activity

The Guaranteed Activity is the Maximum Guaranteed Cost of Insurance Charge, Maximum Policy Expense Charge, or transfer to the Loan Collateral Account.

Declared Rate Strategy [1] Account Value

The Declared Rate Strategy [1] Account Value is the amount allocated to this strategy increased by any interest credited at the assumed Declared Rate Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [1] Account Value

The Index Strategy [1] Account Value is the amount allocated to this strategy increased by any interest credited at the assumed Index Strategy [1] interest rate, less any Activity related to this account.

Indexed Strategy [2] Account Value

The Index Strategy [2] Account Value is the amount allocated to this strategy increased by any interest credited at the assumed Index Strategy [2] interest rate, less any Activity related to this account.

Accumulation Value

The Accumulation Value is the sum of the Declared Rate Strategy [1] Account Value, the Index Strategy [1] Account Value, the Index Strategy [2] Account Value, and the balance of the Loan Collateral Account.

Cash Surrender Value

The Cash Surrender Value is the amount available to the Owner upon surrender of the policy.

Death Benefit Amount

The Death Benefit Amount is the amount available to the beneficiary upon death of the Insured.

Activity

Activity is any Cost of Insurance Charge, Policy Expense Charge, or transfer to the Loan Collateral Account.

All values assume that the Face Amount and the Single Premium paid are as shown, and that there have been no loans, or accelerated benefit payments taken.

Surrender Charges The Account Value is subject to a surrender charge in the first ten years as follows.

Contract Year	[1]	2	3	4	5	6	7	8	9	10	11+
Surrender Charge	[12%]	[12%]	[11%]	[10%]	[9%]	[8%]	[7%]	[6%]	[4%]	[2%]	[0%]

7 Pay Premiums (MEC Calculations) In order to receive favorable tax treatment of distributions (including loans) under the Internal Revenue Code, a life insurance policy must satisfy a 7-Pay Premium limitation during the first 7 years and during 7 years after certain policy changes. Failure to satisfy this limitation makes the policy a Modified Endowment Contract (MEC) and causes distributions to be taxable to the extent that there is a gain in the policy. In addition, there is a penalty of 10% of taxable income for distributions from such contracts before age 59½ with certain exceptions.

Modified Endowment Contract

As illustrated, your policy may be a MEC and subject to special taxation rules. Please consult your tax advisor for more information.



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Declared Rate Strategy [1]

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Indexed Strategy [1] - S&P 500® with a Cap

This is a 1-year point-to-point strategy based on an annual reset index strategy of the S&P 500® index. Interest is credited at the end of the year, and is based solely upon any positive change in the index value which is subject to a floor of 0% and a maximum equal to the Cap. The cap is declared in advance, is guaranteed for one year and may change annually.

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Indexed Strategy [2] – Basket Index with a Participation Rate

This is a 3-year point-to-point strategy based on three indexes in this basket: the Russell® 2000, the Dow Jones Euro Stoxx 50®, and the Hang Seng Index. Interest is credited at the end of the Term Period, which is defined as the earlier of date of death of the Insured or 3-years. Interest is based solely upon the ending index value and starting index value for each of these three indices. Interest is calculated using 60% of the best performing index and 40% of the second-best performing index which are added together, and then multiplied by a Participation Rate which is declared at Policy issue for the initial Term Period. The Participation Rate may change for subsequent Term Periods.

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Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	<u>Guaranteed Values</u>			<u>Current Values</u>					
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit Amount	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit Amount
1	36	[\$25,000]	24,467	22,727	117,574	25,323	0	0	25,323	22,727	121,686
2	37		23,926	22,727	111,025	25,662	0	0	25,662	22,935	119,083
3	38		23,375	22,727	104,726	26,018	0	0	26,018	23,518	116,568
4	39		22,809	22,727	100,000	26,389	0	0	26,389	24,117	114,190
5	40		22,225	22,727	100,000	26,778	0	0	26,778	24,733	111,902
6	41		21,619	22,727	100,000	27,184	0	0	27,184	25,366	109,701
7	42		20,990	22,727	100,000	27,606	0	0	27,606	26,015	107,585
8	43		20,334	22,727	100,000	28,045	0	0	28,045	26,681	105,590
9	44		19,648	22,727	100,000	28,497	0	0	28,497	27,587	103,699
10	45		18,929	22,727	100,000	28,960	0	0	28,960	28,506	101,829
11	46		19,106	23,473	100,000	30,398	0	0	30,398	30,398	103,358
12	47		19,268	24,439	100,000	31,903	0	0	31,903	31,903	104,875
13	48		19,418	25,441	100,000	33,479	0	0	33,479	33,479	106,486
14	49		19,559	26,485	100,000	35,133	0	0	35,133	35,133	108,101
15	50		19,687	27,571	100,000	36,866	0	0	36,866	36,866	109,720
16	51		19,799	28,695	100,000	38,679	0	0	38,679	38,679	111,371
17	52		19,886	29,857	100,000	40,573	0	0	40,573	40,573	113,048
18	53		19,944	31,054	100,000	42,548	0	0	42,548	42,548	114,745
19	54		19,966	32,284	100,000	44,604	0	0	44,604	44,604	116,460
20	55		19,943	33,542	100,000	46,741	0	0	46,741	46,741	118,211
21	56		19,866	34,826	100,000	48,958	0	0	48,958	48,958	119,994
22	57		19,734	36,139	100,000	51,259	0	0	51,259	51,259	121,784
23	58		19,546	37,485	100,000	53,651	0	0	53,651	53,651	123,648
24	59		19,300	38,867	100,000	56,140	0	0	56,140	56,140	125,537
25	60		18,985	40,283	100,000	58,727	0	0	58,727	58,727	127,472



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Gold Series Fixed Indexed Single Premium Whole Life

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	<u>Guaranteed Values</u>			<u>Current Values</u>					
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit Amount	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit Amount
26	61		18,587	41,727	100,000	61,407	0	0	61,407	61,407	129,414
27	62		18,084	43,191	100,000	64,177	0	0	64,177	64,177	131,376
28	63		17,458	44,670	100,000	67,034	0	0	67,034	67,034	133,374
29	64		16,693	46,161	100,000	69,977	0	0	69,977	69,977	135,405
30	65		15,778	47,666	100,000	73,011	0	0	73,011	73,011	137,497
31	66		14,700	49,188	100,000	76,140	0	0	76,140	76,140	139,656
32	67		13,447	50,731	100,000	79,373	0	0	79,373	79,373	141,838
33	68		12,003	52,298	100,000	82,713	0	0	82,713	82,713	144,100
34	69		10,348	53,891	100,000	86,168	0	0	86,168	86,168	146,395
35	70		8,449	55,508	100,000	89,738	0	0	89,738	89,738	148,720
36	71		6,258	57,143	100,000	93,418	0	0	93,418	93,418	151,088
37	72		3,707	58,783	100,000	97,198	0	0	97,198	97,198	153,502
38	73		720	60,417	100,000	101,068	0	0	101,068	101,068	155,946
39	74		0	62,049	100,000	105,036	0	0	105,036	105,036	158,449
40	75		0	63,680	100,000	109,105	0	0	109,105	109,105	161,016
41	76		0	65,309	100,000	113,277	0	0	113,277	113,277	163,625
42	77		0	66,932	100,000	117,550	0	0	117,550	117,550	166,313
43	78		0	68,536	100,000	121,912	0	0	121,912	121,912	169,041
44	79		0	70,110	100,000	126,352	0	0	126,352	126,352	171,837
45	80		0	71,646	100,000	130,864	0	0	130,864	130,864	174,671
46	81		0	73,137	100,000	135,441	0	0	135,441	135,441	177,604
47	82		0	74,580	100,000	140,085	0	0	140,085	140,085	180,615
48	83		0	75,982	100,000	144,803	0	0	144,803	144,803	183,737
49	84		0	77,338	100,000	149,597	0	0	149,597	149,597	186,949
50	85		0	78,643	100,000	154,461	0	0	154,461	154,461	190,246



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Gold Series Fixed Indexed Single Premium Whole Life

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	<u>Guaranteed Values</u>			<u>Current Values</u>					
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit Amount	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit Amount
51	86		0	79,886	100,000	159,389	0	0	159,389	159,389	193,644
52	87		0	81,060	100,000	164,375	0	0	164,375	164,375	197,163
53	88		0	82,160	100,000	169,418	0	0	169,418	169,418	200,804
54	89		0	83,182	100,000	174,520	0	0	174,520	174,520	204,595
55	90		0	84,126	100,000	179,684	0	0	179,684	179,684	208,546
56	91		0	85,005	100,000	184,933	0	0	184,933	184,933	212,665
57	92		0	85,836	100,000	190,290	0	0	190,290	190,290	217,003
58	93		0	86,621	100,000	195,766	0	0	195,766	195,766	221,480
59	94		0	87,356	100,000	201,362	0	0	201,362	201,362	226,148
60	95		0	88,037	100,000	207,089	0	0	207,089	207,089	230,971
61	96		0	88,674	100,000	212,959	0	0	212,959	212,959	236,044
62	97		0	89,285	100,000	218,997	0	0	218,997	218,997	241,345
63	98		0	89,866	100,000	225,218	0	0	225,218	225,218	246,814
64	99		0	90,408	100,000	231,615	0	0	231,615	231,615	252,524
65	100		0	90,896	100,000	238,194	0	0	238,194	238,194	258,429
66	101		0	91,340	100,000	251,294	0	0	251,294	251,294	271,494
67	102		0	91,776	100,000	265,116	0	0	265,116	265,116	285,316
68	103		0	92,204	100,000	279,697	0	0	279,697	279,697	299,879
69	104		0	92,622	100,000	295,080	0	0	295,080	295,080	315,189
70	105		0	93,031	100,000	311,310	0	0	311,310	311,310	331,357
71	106		0	93,432	100,000	328,432	0	0	328,432	328,432	348,358
72	107		0	93,825	100,000	346,496	0	0	346,496	346,496	366,313
73	108		0	94,209	100,000	365,553	0	0	365,553	365,553	385,198
74	109		0	94,586	100,000	385,658	0	0	385,658	385,658	405,103
75	110		0	94,956	100,000	406,869	0	0	406,869	406,869	426,086



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Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	<u>Guaranteed Values</u>			<u>Current Values</u>					
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit Amount	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit Amount
76	111		0	95,318	100,000	429,247	0	0	429,247	429,247	448,206
77	112		0	95,673	100,000	452,856	0	0	452,856	452,856	471,528
78	113		0	96,024	100,000	477,763	0	0	477,763	477,763	496,119
79	114		0	96,370	100,000	504,040	0	0	504,040	504,040	521,996
80	115		0	96,715	100,000	531,762	0	0	531,762	531,762	549,341
81	116		0	97,062	100,023	561,009	0	0	561,009	561,009	578,121
82	117		0	97,419	100,163	591,864	0	0	591,864	591,864	608,538
83	118		0	97,801	100,329	624,417	0	0	624,417	624,417	640,559
84	119		0	98,271	100,605	658,760	0	0	658,760	658,760	674,406
85	120		0	100,000	102,166	694,992	0	0	694,992	694,992	710,045]



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Prepared for:

[John Doe]

[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Summary

	Guaranteed	Midpoint	Non-Guaranteed
Year 5, Age 40			
Accumulation Value	[22,225	24,502	26,778
Cash Surrender Value	22,727	23,730	24,733
Death Benefit	100,000	105,951	111,902
Year 10, Age 50			
Accumulation Value	18,929	23,945	28,960
Cash Surrender Value	22,727	25,617	28,506
Death Benefit	100,000	100,915	101,829
Year 20, Age 60			
Accumulation Value	9,550	28,146	46,741
Cash Surrender Value	33,542	40,142	46,741
Death Benefit	100,000	109,106	118,211
Year 35, Age 70			
Accumulation Value	8,449	49,094	89,738
Cash Surrender Value	55,508	72,623	89,738
Death Benefit	100,000	124,360	148,720]

I have received a copy of this illustration and understand that any current values illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

Signature of Applicant (Policy Owner)

Date

I certify that this illustration has been presented to the applicant and that I have explained that any current values illustrated are subject to change. I have made no statements that are inconsistent with the illustration. I have not made statements which differ in any significant manner from this material. I have not made any promises or guarantees about the future value of any current values.

Signature of Agent

Date

Print Name of Agent

Agent License Number



**Gold Series
Fixed Indexed
Single Premium Whole Life
Underwriting Requirements**

- [Point of Sale Telephone Interview]
 - [Attending Physician Statement (ordered by Home Office)]
- [Additional requirements may be requested at discretion of the Underwriter]



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Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Loans

Prepared for:

[John Doe]

[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Loan Amount	Guaranteed Values			Current Values						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
1	36	[25,000]	0	24,467	22,727.27	117,574	25,323	0	0	0	25,323	22,727	121,686
2	37		0	23,926	22,727.27	111,025	25,662	0	0	0	25,662	22,935	119,083
3	38		0	23,375	22,727.27	104,726	26,018	0	0	0	26,018	23,518	116,568
4	39		0	22,809	22,727.27	100,000	26,389	0	0	0	26,389	24,117	114,190
5	40		0	22,225	22,727.27	100,000	26,778	0	0	0	26,778	24,733	111,902
6	41		0	21,619	22,727.27	100,000	27,184	0	0	0	27,184	25,366	109,701
7	42		0	20,990	22,727.27	100,000	27,606	0	0	0	27,606	26,015	107,585
8	43		0	20,334	22,727.27	100,000	28,045	0	0	0	28,045	26,681	105,590
9	44		0	19,648	22,727.27	100,000	28,497	0	0	0	28,497	27,587	103,699
10	45		0	18,929	22,727.27	100,000	28,960	0	0	0	28,960	28,506	101,829
11	46		0	18,176	23,474.00	100,000	30,398	0	0	0	30,398	30,398	103,358
12	47		0	17,386	24,440.00	100,000	31,903	0	0	0	31,903	31,903	104,875
13	48		0	16,562	25,442.00	100,000	33,479	0	0	0	33,479	33,479	106,486
14	49		0	15,706	26,486.00	100,000	35,133	0	0	0	35,133	35,133	108,101
15	50		0	14,813	27,571.00	100,000	36,866	0	0	0	36,866	36,866	109,720

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Loans

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Loan Amount	Guaranteed Values			Current Values						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
16	51		0	13,879	28,696.00	100,000	38,679	0	0	0	38,679	38,679	111,371
17	52		0	12,893	29,858.00	100,000	40,573	0	0	0	40,573	40,573	113,048
18	53		0	11,849	31,054.00	100,000	42,548	0	0	0	42,548	42,548	114,745
19	54		0	10,739	32,284.00	100,000	44,604	0	0	0	44,604	44,604	116,460
20	55		0	9,550	33,542.00	100,000	46,741	0	0	0	46,741	46,741	118,211
21	56		0	9,204	34,827.00	100,000	48,958	0	0	0	48,958	48,958	119,994
22	57		0	8,788	36,140.00	100,000	51,259	0	0	0	51,259	51,259	121,784
23	58		0	8,301	37,485.00	100,000	53,651	0	0	0	53,651	53,651	123,648
24	59		0	7,741	38,868.00	100,000	56,140	0	0	0	56,140	56,140	125,537
25	60		0	7,095	40,283.00	100,000	58,727	0	0	0	58,727	58,727	127,472
26	61		0	6,344	41,727.00	100,000	61,407	0	0	0	61,407	61,407	129,414
27	62		0	5,465	43,191.00	100,000	64,177	0	0	0	64,177	64,177	131,376
28	63		0	4,435	44,670.00	100,000	67,034	0	0	0	67,034	67,034	133,374
29	64		0	3,234	46,161.00	100,000	69,977	0	0	0	69,977	69,977	135,405
30	65		0	1,848	47,667.00	100,000	73,011	0	0	0	73,011	73,011	137,497



LIFE INSURANCE COMPANY

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Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Loans

Prepared for:

[John Doe]

[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Loan Amount	Guaranteed Values			Current Values						
				Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
31	66		0	260	49,188.00	100,000	76,140	0	0	0	76,140	76,140	139,656
32	67		1,000	0	49,671.00	98,940	78,278	0	0	1,060	79,338	78,278	140,716
33	68		1,000	0	50,114.40	97,816	80,463	0	0	2,184	82,646	80,463	141,800
34	69		1,000	0	50,516.38	96,625	82,698	0	0	3,375	86,073	82,698	142,859
35	70		1,000	0	50,871.91	95,363	84,981	0	0	4,637	89,618	84,981	143,885
36	71		0	0	52,228.68	95,085	88,398	0	0	4,915	93,313	88,398	146,004
37	72		0	0	53,572.76	94,790	91,899	0	0	5,210	97,110	91,899	148,153
38	73		0	0	54,894.15	94,477	95,476	0	0	5,523	100,999	95,476	150,316
39	74		0	0	56,194.78	94,146	99,133	0	0	5,854	104,987	99,133	152,521
40	75		0	0	57,474.52	93,795	102,873	0	0	6,205	109,078	102,873	154,772
41	76		0	0	58,731.20	93,422	106,698	0	0	6,578	113,276	106,698	157,045
42	77		0	0	59,959.53	93,028	110,603	0	0	6,972	117,576	110,603	159,377
43	78		0	0	61,146.18	92,609	114,577	0	0	7,391	121,968	114,577	161,728
44	79		0	0	62,276.73	92,166	118,606	0	0	7,834	126,440	118,606	164,123
45	80		0	0	63,342.67	91,696	122,683	0	0	8,304	130,987	122,683	166,532

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Loans

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Loan Amount	Guaranteed Values			Current Values						
				Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
46	81	0	0	0	64,334.41	91,197	126,800	0	0	8,803	135,603	126,800	169,014
47	82	0	0	0	65,250.26	90,669	130,957	0	0	9,331	140,288	130,957	171,545
48	83	0	0	0	66,091.41	90,109	135,159	0	0	9,891	145,050	135,159	174,160
49	84	0	0	0	66,854.98	89,516	139,407	0	0	10,484	149,891	139,407	176,833
50	85	0	0	0	67,529.94	88,887	143,693	0	0	11,113	154,806	143,693	179,558
51	86	0	0	0	68,107.15	88,220	148,009	0	0	11,780	159,789	148,009	182,351
52	87	0	0	0	68,574.36	87,513	152,347	0	0	12,487	164,834	152,347	185,227
53	88	0	0	0	68,924.16	86,764	156,704	0	0	13,236	169,940	156,704	188,186
54	89	0	0	0	69,153.01	85,970	161,078	0	0	14,030	175,108	161,078	191,255
55	90	0	0	0	69,254.21	85,128	165,472	0	0	14,872	180,343	165,472	194,440
56	91	0	0	0	69,240.91	84,236	169,905	0	0	15,764	185,669	169,905	197,747
57	92	0	0	0	69,127.06	83,290	174,398	0	0	16,710	191,108	174,398	201,225
58	93	0	0	0	68,908.47	82,287	178,959	0	0	17,713	196,671	178,959	204,791
59	94	0	0	0	68,581.71	81,225	183,586	0	0	18,775	202,361	183,586	208,495
60	95	0	0	0	68,135.20	80,098	188,286	0	0	19,902	208,188	188,286	212,295

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Loans

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1]-[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2]-Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Loan Amount	Guaranteed Values			Current Values						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
61	96		0	0	67,579.09	78,904	193,068	0	0	21,096	214,164	193,068	216,284
62	97		0	0	66,924.33	77,638	197,955	0	0	22,362	220,317	197,955	220,438
63	98		0	0	66,163.63	76,297	202,957	0	0	23,703	226,660	202,957	224,692
64	99		0	0	65,283.43	74,874	208,063	0	0	25,126	233,189	208,063	229,114
65	100		0	0	64,262.90	73,367	213,275	0	0	26,633	239,908	213,275	233,655
66	101		0	0	63,108.91	71,769	225,000	0	0	28,231	253,231	225,000	245,355
67	102		0	0	61,851.05	70,075	237,370	0	0	29,925	267,295	237,370	257,736
68	103		0	0	60,483.55	68,280	250,419	0	0	31,720	282,140	250,419	270,777
69	104		0	0	58,998.32	66,376	264,186	0	0	33,624	297,810	264,186	284,482
70	105		0	0	57,389.90	64,359	278,710	0	0	35,641	314,351	278,710	298,953
71	106		0	0	55,652.44	62,220	294,033	0	0	37,780	331,812	294,033	314,164
72	107		0	0	53,778.66	59,954	310,197	0	0	40,046	350,244	310,197	330,229
73	108		0	0	51,759.88	57,551	327,251	0	0	42,449	369,700	327,251	347,119
74	109		0	0	49,589.93	55,004	345,241	0	0	44,996	390,237	345,241	364,917
75	110		0	0	47,260.17	52,304	364,221	0	0	47,696	411,917	364,221	383,676

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Loans

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Loan Amount	Guaranteed Values			Current Values						
				Accumulation Value	Cash Surrender Value	Death Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Loan Collateral Account	Accumulation Value	Cash Surrender Value	Death Benefit
76	111		0	0	44,760.42	49,442	384,244	0	0	50,558	434,802	384,244	403,449
77	112		0	0	42,081.97	46,409	405,368	0	0	53,591	458,959	405,368	424,292
78	113		0	0	39,217.50	43,194	427,653	0	0	56,806	484,460	427,653	446,267
79	114		0	0	36,155.11	39,785	451,164	0	0	60,215	511,378	451,164	469,382
80	115		0	0	32,887.22	36,172	475,966	0	0	63,828	539,794	475,966	493,811
81	116		0	0	29,404.55	32,365	502,132	0	0	67,657	569,790	502,132	519,513
82	117		0	0	25,702.11	28,447	529,737	0	0	71,717	601,454	529,737	546,681
83	118		0	0	21,781.09	24,309	558,859	0	0	76,020	634,879	558,859	575,271
84	119		0	0	17,689.90	20,024	589,582	0	0	80,581	670,163	589,582	605,499
85	120		0	0	14,584.03	16,750	621,994	0	0	85,416	707,410	621,994	637,315]

Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Loans

Loans and Loan Interest

Loans may be taken from the Policy after the first Policy Year. If the loan interest is not paid in cash it is added to the outstanding loan balance. The maximum amount that may be borrowed is the Cash Surrender Value less loan interest to the next Policy Anniversary. Any outstanding loan or loan interest would reduce the Death Benefit and Cash Surrender Values.

Loan Amount

The Loan Amount is the amount that you borrow from your Policy for each year designated.

The Loan Amount will be transferred from the Account Value to the Loan Collateral Account.

The Loan Amount will first be transferred from the Declared Rate Strategy [1] Account Value. If the Loan Amount exceeds the Account Value in the Declared Rate Strategy [1] Account Value, then the remaining Loan Amount will be transferred from the Indexed Strategy [1] Account Value. If there still remains Loan Amount to be transferred, then it will next be transferred from the Indexed Strategy [2] Account Value.

Loan Collateral Account

When a loan is requested, the amount of the loan is transferred from the Account Value to the Loan Collateral Account.

The annual effective interest rate applicable to the Loan Collateral Account will always equal the Guaranteed Annual Rate for the Loan Collateral Account, as shown on the Policy Data Page. Interest is credited daily to the Loan Collateral Account.

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Chronic Illness

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1]-[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2]-Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Guaranteed Values				Current Values						
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit
1	36	[\$25,000]	24,467	22,727.27	117,574	2,805	25,323	0	0	25,323	22,727	121,686	2,930
2	37		23,926	22,727.27	111,025	2,607	25,662	0	0	25,662	22,935	119,083	2,851
3	38		23,375	22,727.27	104,726	2,416	26,018	0	0	26,018	23,518	116,568	2,775
4	39		22,809	22,727.27	100,000	2,273	26,389	0	0	26,389	24,117	114,190	2,703
5	40		22,225	22,727.27	100,000	2,273	26,778	0	0	26,778	24,733	111,902	2,633
6	41		21,619	22,727.27	100,000	2,273	27,184	0	0	27,184	25,366	109,701	2,567
7	42		20,990	22,727.27	100,000	2,273	27,606	0	0	27,606	26,015	107,585	2,503
8	43		20,334	22,727.27	100,000	2,273	28,045	0	0	28,045	26,681	105,590	2,442
9	44		19,648	22,727.27	100,000	2,273	28,497	0	0	28,497	27,587	103,699	2,385
10	45		18,929	22,727.27	100,000	2,273	28,960	0	0	28,960	28,506	101,829	2,328
11	46		18,176	23,474.00	100,000	2,273	30,398	0	0	30,398	30,398	103,358	2,374
12	47		17,386	24,440.00	100,000	2,273	31,903	0	0	31,903	31,903	104,875	2,420
13	48		16,562	25,442.00	100,000	2,273	33,479	0	0	33,479	33,479	106,486	2,469
14	49		15,706	26,486.00	100,000	2,273	35,133	0	0	35,133	35,133	108,101	2,518
15	50		14,813	27,571.00	100,000	2,273	36,866	0	0	36,866	36,866	109,720	2,567



LIFE INSURANCE COMPANY

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www.SagikorLifeUsa.com

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Chronic Illness

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Guaranteed Values				Current Values						
			Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit
16	51		13,879	28,696.00	100,000	2,273	38,679	0	0	38,679	38,679	111,371	2,617
17	52		12,893	29,858.00	100,000	2,273	40,573	0	0	40,573	40,573	113,048	2,668
18	53		11,849	31,054.00	100,000	2,273	42,548	0	0	42,548	42,548	114,745	2,720
19	54		10,739	32,284.00	100,000	2,273	44,604	0	0	44,604	44,604	116,460	2,772
20	55		9,550	33,542.00	100,000	2,273	46,741	0	0	46,741	46,741	118,211	2,825
21	56		9,204	34,827.00	100,000	2,273	48,958	0	0	48,958	48,958	119,994	2,879
22	57		8,788	36,140.00	100,000	2,273	51,259	0	0	51,259	51,259	121,784	2,933
23	58		8,301	37,485.00	100,000	2,273	53,651	0	0	53,651	53,651	123,648	2,989
24	59		7,741	38,868.00	100,000	2,273	56,140	0	0	56,140	56,140	125,537	3,047
25	60		7,095	40,283.00	100,000	2,273	58,727	0	0	58,727	58,727	127,472	3,105
26	61		6,344	41,727.00	100,000	2,273	61,407	0	0	61,407	61,407	129,414	3,164
27	62		5,465	43,191.00	100,000	2,273	64,177	0	0	64,177	64,177	131,376	3,224
28	63		4,435	44,670.00	100,000	2,273	67,034	0	0	67,034	67,034	133,374	3,284
29	64		3,234	46,161.00	100,000	2,273	69,977	0	0	69,977	69,977	135,405	3,346
30	65		1,848	47,667.00	100,000	2,273	73,011	0	0	73,011	73,011	137,497	3,409



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Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Chronic Illness

Prepared for:

[John Doe]

[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Guaranteed Values				Current Values						
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit
31	66		260	49,188.00	100,000	2,273	76,140	0	0	76,140	76,140	139,656	3,474
32	67		0	50,731.00	100,000	2,273	79,373	0	0	79,373	79,373	141,838	3,541
33	68		0	52,298.00	100,000	2,273	82,713	0	0	82,713	82,713	144,100	3,609
34	69		0	53,891.00	100,000	2,273	86,168	0	0	86,168	86,168	146,395	3,679
35	70		0	55,509.00	100,000	2,273	89,738	0	0	89,738	89,738	148,720	3,749
36	71		0	57,144.00	100,000	2,273	93,418	0	0	93,418	93,418	151,088	3,821
37	72		0	58,783.00	100,000	2,273	97,198	0	0	97,198	97,198	153,502	3,894
38	73		0	60,417.00	100,000	2,273	101,068	0	0	101,068	101,068	155,946	3,968
39	74		0	62,049.00	100,000	2,273	105,036	0	0	105,036	105,036	158,449	4,044
40	75		0	63,680.00	100,000	2,273	109,105	0	0	109,105	109,105	161,016	4,122
41	76		0	65,309.00	100,000	2,273	113,277	0	0	113,277	113,277	163,625	4,201
42	77		0	66,932.00	100,000	2,273	117,550	0	0	117,550	117,550	166,313	4,282
43	78		0	68,537.00	100,000	2,273	121,912	0	0	121,912	121,912	169,041	4,365
44	79		0	70,111.00	100,000	2,273	126,352	0	0	126,352	126,352	171,837	4,450
45	80		0	71,647.00	100,000	2,273	130,864	0	0	130,864	130,864	174,671	4,535



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Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Chronic Illness

Prepared for:

[John Doe]

[Male, 35, Non-Tobacco]

Face Amount	[\$100,000.00]
Single Premium	[\$22,727.27]
Bonus Interest [10%]	[\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Guaranteed Values				Current Values						
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit
46	81		0	73,137.00	100,000	2,273	135,441	0	0	135,441	135,441	177,604	4,624
47	82		0	74,581.00	100,000	2,273	140,085	0	0	140,085	140,085	180,615	4,716
48	83		0	75,982.00	100,000	2,273	144,803	0	0	144,803	144,803	183,737	4,810
49	84		0	77,339.00	100,000	2,273	149,597	0	0	149,597	149,597	186,949	4,908
50	85		0	78,643.00	100,000	2,273	154,461	0	0	154,461	154,461	190,246	5,007
51	86		0	79,887.00	100,000	2,273	159,389	0	0	159,389	159,389	193,644	5,110
52	87		0	81,061.00	100,000	2,273	164,375	0	0	164,375	164,375	197,163	5,217
53	88		0	82,160.00	100,000	2,273	169,418	0	0	169,418	169,418	200,804	5,327
54	89		0	83,183.00	100,000	2,273	174,520	0	0	174,520	174,520	204,595	5,442
55	90		0	84,126.00	100,000	2,273	179,684	0	0	179,684	179,684	208,546	5,562
56	91		0	85,005.00	100,000	2,273	184,933	0	0	184,933	184,933	212,665	5,687
57	92		0	85,837.00	100,000	2,273	190,290	0	0	190,290	190,290	217,003	5,818
58	93		0	86,621.00	100,000	2,273	195,766	0	0	195,766	195,766	221,480	5,954
59	94		0	87,357.00	100,000	2,273	201,362	0	0	201,362	201,362	226,148	6,095
60	95		0	88,037.00	100,000	2,273	207,089	0	0	207,089	207,089	230,971	6,242



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Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Chronic Illness

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Guaranteed Values				Current Values						
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit	Declared Rate Strategy [1]	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit
61	96		0	88,675.00	100,000	2,273	212,959	0	0	212,959	212,959	236,044	6,395
62	97		0	89,286.00	100,000	2,273	218,997	0	0	218,997	218,997	241,345	6,556
63	98		0	89,867.00	100,000	2,273	225,218	0	0	225,218	225,218	246,814	6,722
64	99		0	90,409.00	100,000	2,273	231,615	0	0	231,615	231,615	252,524	6,895
65	100		0	90,896.00	100,000	2,273	238,194	0	0	238,194	238,194	258,429	7,074
66	101		0	91,340.00	100,000	2,273	251,294	0	0	251,294	251,294	271,494	7,470
67	102		0	91,776.00	100,000	2,273	265,116	0	0	265,116	265,116	285,316	7,576
68	103		0	92,204.00	100,000	2,273	279,697	0	0	279,697	279,697	299,879	7,576
69	104		0	92,622.00	100,000	2,273	295,080	0	0	295,080	295,080	315,189	7,576
70	105		0	93,031.00	100,000	2,273	311,310	0	0	311,310	311,310	331,357	7,576
71	106		0	93,432.00	100,000	2,273	328,432	0	0	328,432	328,432	348,358	7,576
72	107		0	93,825.00	100,000	2,273	346,496	0	0	346,496	346,496	366,313	7,576
73	108		0	94,209.00	100,000	2,273	365,553	0	0	365,553	365,553	385,198	7,576
74	109		0	94,586.00	100,000	2,273	385,658	0	0	385,658	385,658	405,103	7,576
75	110		0	94,956.00	100,000	2,273	406,869	0	0	406,869	406,869	426,086	7,576

Gold Series
Fixed Indexed Single Premium Whole Life
Supplemental Illustration - Chronic Illness

Prepared for:

[John Doe]
[Male, 35, Non-Tobacco]

Face Amount [\$100,000.00]
Single Premium [\$22,727.27]
Bonus Interest [10%] [\$2,272.73]

Strategy Option	Allocation Percentage	Assumed Interest Rate	Initial Cap Rate	Initial Participation Rate
Declared Rate Strategy [1]	[100%]	[5.5% annual return]	[N/A]	[N/A]
Indexed Strategy [1] -[S&P 500®] Point-to-point with Cap	[0%]	[4.63% annual return]	[7%]	[100%]
Indexed Strategy [2] -Basket Strategy with Participation Rate	[0%]	[28.43% three year return]	[N/A]	[50%]

Policy Year	End of Year Age	Premium + Bonus Interest	Guaranteed Values				Current Values						
			Accumulation Value 2% Annual Return	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit	Declared Rate Strategy	Indexed Strategy [1]	Indexed Strategy [2]	Accumulation Value	Cash Surrender Value	Death Benefit	Monthly Chronic Illness Benefit
76	111		0	95,318.00	100,000	2,273	429,247	0	0	429,247	429,247	448,206	7,576
77	112		0	95,673.00	100,000	2,273	452,856	0	0	452,856	452,856	471,528	7,576
78	113		0	96,024.00	100,000	2,273	477,763	0	0	477,763	477,763	496,119	7,576
79	114		0	96,370.00	100,000	2,273	504,040	0	0	504,040	504,040	521,996	7,576
80	115		0	96,715.00	100,000	2,273	531,762	0	0	531,762	531,762	549,341	7,576
81	116		0	97,062.00	100,023	2,273	561,009	0	0	561,009	561,009	578,121	7,576
82	117		0	97,419.00	100,163	2,278	591,864	0	0	591,864	591,864	608,538	7,576
83	118		0	97,801.00	100,329	2,283	624,417	0	0	624,417	624,417	640,559	7,576
84	119		0	98,271.00	100,605	2,291	658,760	0	0	658,760	658,760	674,406	7,576
85	120		0	100,000.00	102,166	2,338	694,992	0	0	694,992	694,992	710,045	7,576]

Gold Series Fixed Indexed Single Premium Whole Life Supplemental Illustration - Chronic Illness

Accelerated Benefit Rider

The Accelerated Benefit can be triggered in one of two ways:

Terminal Condition, as used in the Rider, means that an imminent death is expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of 12 months or less of the Insured. This illustration does not apply to the acceleration of this benefit.

Chronic Illness, as used in the Rider, means that the Insured has been certified by a Licensed Physician within the last 30 days as being unable to perform, without substantial assistance from another individual, at least two Activities Of Daily Living for a period that is expected to last at least 90 days due to a loss of functional capacity.

Activities Of Daily Living, as used in the Rider, are the following; eating, toileting, transferring, bathing, dressing, or continence.

Effect on the Policy Upon payment of the Accelerated Benefit, Your coverage will remain In Force. However, the Death Benefit will be reduced by the portion of the Accelerated Benefit Amount paid. The Face Amount, Accumulation Value, Minimum Accumulation Value, Guaranteed Tabular Cash Value, Single Premium and any Indebtedness of this Policy will be reduced proportionately based on the ratio of the portion of the Accelerated Benefit Amount paid to the Death Benefit prior to the reduction.



About Sagicor Life Insurance Company

[Sagicor Life Insurance Company is licensed in 43 states and the District of Columbia, a licensed reinsurer in 45 states and DC and a third-party administrator in all 50 US states. Sagicor Life is a wholly-owned subsidiary of Sagicor Financial Corporation, one of the oldest insurance groups in the Americas, with operations in 22 countries including the United States, Latin America and the Caribbean.

Sagicor Life (rated B++ "Good" by A.M. Best Company) is a full-service life insurance company offering a wide range of competitive products consisting of universal life, term life, mortgage term life, annuities and critical illness products. In addition, the Company provides third-party administration to unaffiliated companies through a flexible and efficient policy administration system for processing life insurance products.

Sagicor Life products are marketed through independent agents and general agents. Administering more than \$2.2 billion* of in-force insurance business and managing approximately \$475 million* in assets, Sagicor Life is committed to offering our customers world-class service with integrity and value.

For more information visit www.SagicorLifeUSA.com

About Sagicor Financial Corporation

Established in 1840, Sagicor Financial Corporation's (Sagicor) insurance operations are dominant in most of the countries in which it operates. Based on its strong core earnings, profitability and more than adequate levels of risk-based capital, Sagicor's Caribbean operations have been consistently rated A "Excellent" by A.M. Best Company.

In 2006, Standard and Poor's assigned Sagicor a "BBB+" counterparty credit and financial strength. Total Group assets stand today at approximately \$3.1 billion* with capital and surplus of approximately \$500 million*. Sagicor's balance sheet continues to exemplify prudence and the capacity to support future expansion programs. Sagicor will continue to seek out growth opportunities through acquisitions and strategic partnerships to expand geographically.

For more information visit www.sagicor.com

For the latest rating visit www.ambest.com

*Based on admitted assets for 2005. Best's Insurance Reports, 2006 Edition.]



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagicorLifeUsa.com

Annual Statement

John Doe
123 First Street
Phoenix, AZ

Insured: Sammy Jo Doe

Policy No.	Policy Date	Maturity Date
[12345]	[07/01/2006]	[07/01/2021]
Issue Age	Death Benefit	Statement Date
[85]	[\$100,000.00]	[07/01/2007]

BEGINNING ACCOUNT VALUE AS OF [07/01/2006]	[\$ 0.00]
[PREMIUM PAYMENTS]	[\$50,000.00]
[BONUS INTEREST]	[\$ 0.00]
[POLICY EXPENSE CHARGES]	[\$ 0.00]
[ANNUAL COST OF INSURANCE CHARGES]	[\$ 0.00]
[DECLARED RATE STRATEGY 1 INTEREST CREDITED]	[\$ 0.00]
[INDEX STRATEGY 1 INTEREST CREDITED]	[\$ 2,500.00]
[INDEX STRATEGY 2 INTEREST CREDITED]	[\$ 0.00]
ENDING ACCOUNT VALUE AS OF [07/01/2007]	[\$52,500.00]
LOAN AMOUNT AS OF [07/1/2007]	[\$0.0000.00]
ENDING SURRENDER VALUE AS OF [07/01/2007]	[\$48,300.00]

Surrender of your Policy may subject your Policy to tax penalties. Refer any questions you have concerning your statement to your agent, or call our Client Services Department at (800) 531-5067.

PLAN: [FIXED INDEXED SINGLE PREMIUM WHOLE LIFE POLICY]
AGENT:[BOB AGENT]
ADDRESS:[5050 100TH ST]

Allocation Detail for Period Beginning 7/1/2003 and ending 6/30/2004

DECLARED RATE STRATEGY [1]

1 year Fixed Rate

Current Allocation (%)	20%
Beginning Account Value	\$0
Allocated Premium Payment	\$20,000
Reallocation from other Strategy	\$0
Total Amount Allocated	\$20,000

Credited Interest Rate (%)	5%
Interest Credited	\$1,050
Ending Account Value	\$22,050

Ending Surrender Value	\$18,963
------------------------	----------

INDEXED STRATEGY [1]

S&P 500® with Cap

Current Allocation (%)	[20%]
Beginning Account Value	[\$0]
Allocated Premium Payment	[\$20,000]
Reallocation from other Strategy	[\$0]
Total Amount Allocated	[\$20,000]

Beginning Index Value	[1230.04]
Ending Index Value	[1300.00]
Participation Rate	[100%]
Index Rate Cap	[7%]

Interest Credited	[\$1,400]
Ending Account Value	[\$22,400]

Ending Surrender Value	[\$19,264]
------------------------	------------

INDEXED STRATEGY [2]**Basket Strategy with Participation Rate**

Term Period	[7/1/2003- 7/1/2006]	[x/x/xxxx-x/x/xxxx][x/x/xxxx-x/x/xxxx]
Current Allocation (%)	60%	
Beginning Account Value	\$0	
Allocated Premium Payment	\$60,000	
Reallocation from other Strategy	\$0	
Total Amount Allocated	\$63,000	
Participation Rate		

Russell® 2000 Index

Beginning Index Value
Ending Index Value
Earned Interest Percentage
Index Weighting

Euro Stoxx 50® Index

Beginning Index Value
Ending Index Value
Earned Interest Percentage
Index Weighting

Hang Seng Index

Beginning Index Value
Ending Index Value
Earned Interest Percentage
Index Weighting

Interest Credited
Ending Account Value
Ending Surrender Value

DEFINITIONS

Account Value

The Account Value is the sum of all Declared Rate Account Values and all Indexed Strategy Account Values.

Surrender Value

The Surrender Value is the greater of: (a) the Account Value reduced by the Surrender Charge and the Deferred Surrender Charge; and (b) the Guaranteed Surrender Value.

Beginning Account Value

The Beginning Account Value is the Account Value for Your Policy on the beginning date of Your Annual Statement.

Ending Account Value

The Ending Account Value is the Account Value for Your Policy on the ending date of Your Annual Statement.

Premium Payments

The Premium Payments is the Single Premium that You paid for Your Policy.

Bonus Interest

The Bonus Interest is the amount that We credited to Your Policy during the time period displayed on Your Annual Statement.

Interest Credited

The Interest Credited is the amount of interest that we credited to Your Policy during the time period displayed on Your Annual Statement.

Sagicor is among the world’s oldest insurance companies. Established in 1840, we operate in 22 countries including the United States, and Panama, with significant market presence in the Caribbean. Our core strengths of financial stability and strong operational capabilities across diverse geographies have been catalysts to consistent growth. You can learn more about Sagicor by visiting our website at SagicorLifeUSA.com



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"The mark and name "Hang Seng Index" is proprietary to Hang Seng Data Services Limited ("HSDS"), which has licensed its compilation and publication to HSI Services Limited ("HSI"). HSI and HSDS have agreed to the use of, and reference to, the Hang Seng Index by Sagicor Life Insurance Company ("the Issuer") in connection with the Gold Series Fixed Indexed Single Premium Whole Life ("the Product"). However, neither HSI nor HSDS warrants, represents or guarantees to any person the accuracy or completeness of the Hang Seng Index, its computation or any information related thereto, and no warranty, representation or guarantee of any kind whatsoever relating to the Hang Seng Index is given or may be implied. Neither HSI nor HSDS accepts any responsibility or liability for any economic or other loss which may be directly or indirectly sustained by any person as a result of or in connection with the use of and/or reference to the Hang Seng Index by the Issuer in connection with the Product, or any inaccuracies, omissions or errors of HSI in computing the Hang Seng Index. Any person dealing with the Product shall place no reliance whatsoever on HSI and/or HSDS nor bring any claims or legal proceedings against HSI and/or HSDS in any manner whatsoever. For the avoidance of doubt, this disclaimer does not create any contractual or quasi-contractual relationship between any broker, holder or other person and HSI Services Limited and/or Hang Seng Data Services Limited and must not be construed to have created such relationship.

- 1 The initial death benefit will be determined by the applicant's age and gender. (not in MT)
- 2 Loans of any interest earnings from single premium whole life prior to age 59-1/2 may be subject to tax penalties.
- 3 The information in this brochure is based on our understanding of current applicable tax laws and is not intended as legal or tax advice. We suggest you consult your attorney, accountant, or tax advisor.

Policy Form 1005.
Policies and riders not available in all states.

SAGICOR LIFE INSURANCE COMPANY
4343 N SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85251
POLICYHOLDER SERVICES 1-800-531-5067
FAX 1-480-425-5150
SALES AND AGENT SERVICES 1-800-406-9900
FAX 1-800-497-7461
www.SagicorLifeUSA.com



CONTACT YOUR AGENT

GOLD SERIES

FIXED INDEXED SINGLE PREMIUM
WHOLE LIFE INSURANCE



A LIFE LIVED
FOR OTHERS
IS A LIFE
WORTHWHILE



Wise Financial Thinking for Life LIFE INSURANCE COMPANY

WHY DO I WANT TO BUY FIXED INDEXED SINGLE PREMIUM WHOLE LIFE INSURANCE?

Careful planning and wise financial thinking have allowed you to save for your retirement. Most likely your assets have accumulated in savings and investment tools such as Certificates of Deposit (CDs), money markets, annuities, and mutual funds. But asset management, probate fees, taxes, and possible stock market losses could shrink your estate.

Re-allocating some of these assets to the Sagicor Life’s Gold Series Fixed Indexed Single Premium Whole Life may provide many additional opportunities and choices for your money such as:

- sophisticated indexed-linked crediting strategies for greater upside potential.
- increased estate value.
- control and access to the money for emergencies and opportunities.
- living benefits to help pay for the expenses of chronic illness and care.
- transferring the money more efficiently to your heirs.

WHAT ARE THE BENEFITS OF THIS POLICY?

INTEREST CREDITING CHOICES
Sagicor Life’s Gold Series Fixed Indexed Single Premium Whole Life offers three (3) distinct crediting strategies for wealth management and diversification:

- One-year declared fixed rate of interest
- S&P 500® linked strategy
- Global look-back strategy

GUARANTEED DEATH BENEFIT
The minimum death benefit is guaranteed from day one regardless of changes in your age or health. Also your death benefit can increase over time as your cash value inside the policy may increase. Death benefits to a named beneficiary are generally probate free.¹

GUARANTEED PRINCIPAL
The indexed-linked interest credit will never be less than 0%. You don’t participate in any stock market risk.

100% GUARANTEED RETURN OF PREMIUM
Your single premium payment is guaranteed from day one. In the unlikely event you surrender your policy, you are guaranteed to receive at least 100% of your initial premium back, less any outstanding loans.

TRIPLE TAX-ADVANTAGES
The Sagicor Life Gold Series Fixed Indexed Single Premium Whole Life policy provides tax-deferred interest earnings on the cash value account, the compounding of interest on interest is tax deferred, and the death benefit is free from federal taxes in most cases.³

ALTHOUGH MANY POLICIES PROVIDE A LIVING BENEFIT FOR TERMINAL ILLNESS, WE’LL ALSO PROVIDE A BENEFIT IN THE EVENT OF A CHRONIC ILLNESS.*

LIVING BENEFITS
Through the Accelerated Benefit Insurance Rider, and after the policy has been in-force for 12 months, you can access the policy’s death benefit in two ways:

TERMINAL ILLNESS BENEFIT
A terminal condition can be devastating for you and your family. If you develop a terminal condition, as defined by the policy, you may withdraw the lesser of the amount equal to the Death Benefit Amount less \$25,000 or \$250,000. Terminal Condition, as used in this Rider, means an imminent death is expected in 12 months or less, see the rider for details.

CHRONIC ILLNESS BENEFIT
This benefit will also cover a chronic illness. Chronic Illness, as used in this Rider, means that the Insured has been certified by a Licensed Physician within the last 30 days as being unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living for a period that is expected to last at least 90 days due to a loss of functional capacity. The benefit amount will be paid out in (33) equal monthly installments.

Only one type of benefit is payable for Death Benefit amounts in excess of \$25,000. These benefits are included at no additional cost. An Insured cannot receive a payment based on a Terminal Condition and a Chronic Illness. See the policy for details, rider limitations and exclusions.

OTHER FEATURES

BONUS INTEREST
A 10% bonus is automatically added to the single premium paid at issue.

FLEXIBILITY AND CHOICES
You can transfer or change interest crediting strategies, subject to policy provisions.

LIQUIDITY
Loans are available beginning on the second policy anniversary for emergencies and opportunities.²

ISSUE AGES
The issue ages are from 18 - 85 years.

SIMPLIFIED UNDERWRITING
Depending on your age, face amount, and general health, qualifying for this policy can be fast and easy. An application with a brief telephone interview will help us provide a decision in 15-20 minutes.

FEES and SURRENDER CHARGES
Administrative fees, expense charges, and cost of insurance charges will be deducted every year as outlined in the policy. Surrenders from the policy are subject to the surrender charge below. Maximum fees and fees and/or surrenders will not negate the guaranteed return of premium benefit.

YEAR	1	2	3	4	5	6	7	8	9	10	11+
CHARGE	12%	12%	11%	10%	9%	8%	7%	6%	4%	2%	0%

*Not available in all states.



STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Policy Number: [0012345]	Statement Date: [January 30, 2007]
Plan Name: [1005]	Policy Effective Date: [January 30, 2007]
Plan Type: [Fixed Indexed Single Premium Whole Life]	
Insured: [John Doe]	Owner: [John Doe]
Age: [35]	Face Amount: [\$100,000]
Gender: [Male]	Payment Mode: [Single]
Class: [Standard Non-Tobacco]	Single Premium Amount: [\$20,427]
Policy Expense Charge Factor: [\$9.10 Years 1 through 20, Charged Annually]	

This is a Fixed Indexed Single Premium Whole Life insurance policy with 10% Bonus Interest automatically credited at issue. The Accelerated Benefit Insurance Rider is inherent to the policy and adds no additional premium. Charges will be applied against the policy in all years prior to age 100. Unless otherwise stated, all values shown are determined as of the end of the policy year. The non-guaranteed benefits and values are based on assumptions that are subject to change by the Company. This policy offers two indexed crediting strategies and one declared rate crediting strategy. Interest rates and charges are subject to change. The interest rate credited for each Strategy is guaranteed not to be less than the Guaranteed Annual Interest rate shown in the policy for that Strategy. The charges are guaranteed not to exceed the maximums listed in the Policy. Policy benefit payment options are outlined in the Policy.

This policy includes an Accumulation Value that is equal to the sum of all Declared Rate Account Values, all Indexed Strategy Account Values, the Loan Collateral Account, and the Holding Account.

Surrender charges are equal to the percentage times the Single Premium paid. The percentage applied to determine the surrender charge varies by duration as follows:

Policy Year										
1	2	3	4	5	6	7	8	9	10	11+
12%	12%	11%	10%	9%	8%	7%	6%	4%	2%	0%

The Death Benefit Amount will be the greater of the following two amounts and never less than the Guaranteed Death Benefit Amount:

1. The Face Amount on the date of death, less any Indebtedness; and
2. The Accumulation Value on the date of death, divided by the Net Single Premium Factor for the Insured's Attained Age, sex and Premium Class, less any Indebtedness.

Agent: [BOB AGENT]
 [123 Main Street]
 [City, State 12345]

SERFF Tracking Number: *WESA-125356788*

State: *Arkansas*

Filing Company: *Sagicor Life Insurance Company*

State Tracking Number: *37404*

Company Tracking Number: *1005*

TOI: *L071 Individual Life - Whole*

Sub-TOI: *L071.511 External Index - Single Premium*

Product Name: *FISPWLP*

Project Name/Number: *FISPWLP/1005*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	WESA-125356788	State:	Arkansas
Filing Company:	Sagicor Life Insurance Company	State Tracking Number:	37404
Company Tracking Number:	1005		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.511 External Index - Single Premium
Product Name:	FISPLWIP		
Project Name/Number:	FISPLWIP/1005		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/13/2007

Comments:

Attached are the Arkansas Certificate of Compliance Rule 19, Readability Certificate and Arkansas Notice to Policyholders S0034A (AR).

Attachments:

AR Cert of Compliance Rule 19 10.25.07.pdf
Readability Cert V2.pdf
AR Notice to Policyholder 11 13 07.pdf

Review Status:

Satisfied -Name: Application 11/13/2007

Comments:

The Fixed Indexed Supplemental Application Form 5018 is attached.

The Point of Sale Application Form 5009 which was previously approved by the Arkansas Insurance Department effective 07/25/07 under SERFF Tracking # AMFD-125220404 is also attached.

Attachments:

5018appbc FIXED INDEX SUPPLEMENTAL APPLICATION.pdf
5009bc POINT OF SALE APPLICATION.pdf

Review Status:

Satisfied -Name: Statement of Variability 11/13/2007

Comments:

Statement of Variability is attached.

Attachment:

1005 VARIABLE ITEMS _v1_ 7.17.07.pdf

Review Status:

Satisfied -Name: Index Whole Life Factors 11/13/2007

Comments:

Index Whole Life Factors are attached.

Attachment:

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPWLP</i>		
<i>Project Name/Number:</i>	<i>FISPWLP/1005</i>		

Index WL Factors.pdf

SERFF Tracking Number: WESA-125356788

State: Arkansas

Filing Company: Sagicor Life Insurance Company

State Tracking Number: 37404

Company Tracking Number: 1005

TOI: L071 Individual Life - Whole

Sub-TOI: L071.511 External Index - Single Premium

Product Name: FISPWLIP

Project Name/Number: FISPWLIP/1005

Review Status:

Satisfied -Name: Letter of Authorization

11/13/2007

Comments:

Letter of Authorization is attached.

Attachment:

Letter of Authorization.pdf

Review Status:

Satisfied -Name: Illustration Certifications

11/13/2007

Comments:

Illustration Certifications are attached.

Attachment:

Illustration Cert.pdf

Review Status:

Satisfied -Name: Certification of Compliance for
Advertisements

11/13/2007

Comments:

Certification of Compliance for Advertisements is attached.

Attachment:

AR Cert of Compliance Advertisements 10.25.07.pdf

Review Status:

Satisfied -Name: Certification of Compliance -
Actuarial

11/13/2007

Comments:

Certification of Compliance - Actuarial is attached.

Attachment:

AR Cert of Compliance Actuarial 11.12.07.pdf

Review Status:

Satisfied -Name: Certification of Compliance with
Agent Education Requirements

11/13/2007

Comments:

<i>SERFF Tracking Number:</i>	<i>WESA-125356788</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37404</i>
<i>Company Tracking Number:</i>	<i>1005</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.511 External Index - Single Premium</i>
<i>Product Name:</i>	<i>FISPLWIP</i>		
<i>Project Name/Number:</i>	<i>FISPLWIP/1005</i>		

Certification of Compliance with Agent Education Requirements is attached.

Attachment:

AR Cert of Comp with Agent Ed Requirement 10.25.07.pdf

SERFF Tracking Number: WESA-125356788 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 37404
Company Tracking Number: 1005
TOI: L071 Individual Life - Whole Sub-TOI: L071.511 External Index - Single Premium
Product Name: FISPWLIP
Project Name/Number: FISPWLIP/1005

Review Status:

Satisfied -Name: Certificate of Compliance for Policy 11/13/2007
Summary Disclosure

Comments:

Certificate of Compliance for Policy Summary Disclosure is attached.

Attachment:

AR Cert of Comp Policy Sum Disclosure 10.25.07.pdf

Review Status:

Satisfied -Name: Guaranty Association Notice 11/13/2007

Comments:

Limitations and Exclusions Under the Arkansas Life and Disability Insurance Guaranty Association Act Notice Form GA (AR) is attached.

Attachment:

AR Guaranty Assoc Ltr 11 13 07.pdf

Review Status:

Satisfied -Name: Cover Letter 11/13/2007

Comments:

Cover Letter is attached.

Attachment:

Cover Letter for Filing 11 14 07.pdf

Review Status:

Satisfied -Name: Certification of Compliance 06/17/2008

Comments:

Certification of Compliance is attached.

Attachment:

AR Cert of Compliance 06 17 08.pdf

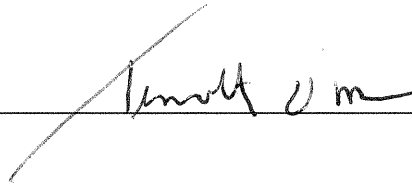
Sagicor Life Insurance Company

Home Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

Administrative Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

CERTIFICATE OF COMPLIANCE

I certify that the attached submission meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.



Dated: 10/25/07

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Flesch Score
1005	Fixed Indexed Single Premium Whole Life Insurance Policy	45.7
5018	Fixed Indexed Supplemental Application	45.6*

***scored with Fixed Indexed Single Premium Whole Life Insurance Disclosure Supplement to Application Form 7024**

Sagicor Life Insurance Company



Timothy D. Morris
Sr. Compliance Manager

August 6, 2007
Date



NOTICE TO POLICYHOLDERS

To contact Sagicor Life Insurance Company, please call or write us at::

Sagicor Life Insurance Company
Client Services Department
4343 N. Scottsdale Rd.
Suite 300
Scottsdale, Arizona 85251
(800) 531-5067

To contact your agent call or write:

Sagicor Life Insurance Company
4343 N. Scottsdale Rd.
Suite 300
Scottsdale, Arizona 85251
(800) 531-5067

If we at Sagicor Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, AR 72201
Telephone: (501) 371-3640 or (800) 852-5494



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067
www.SagikorLifeUsa.com**Fixed Indexed Supplemental Application****Owner/Proposed Insured**

Name: _____

(First)

(Middle)

(Last)

Social Security Number: _____ Date of Birth: _____

Joint Owner/Proposed Insured

Name: _____

(First)

(Middle)

(Last)

Social Security Number: _____ Date of Birth: _____

Fixed Indexed Plan Selection

- ☐ Gold Series Fixed Indexed Single Premium Whole Life
- ☐ Platinum Series Fixed Indexed Universal Life
- ☐ Platinum Series Fixed Indexed Single Premium Deferred Annuity
- ☐ with Premium Bonus
- ☐ without Premium Bonus
- ☐ Other _____

Premium Allocation

	Initial	Renewal
Declared Rate Strategy	%	%
Indexed Strategy 1 – S&P 500® Index	%	%
Indexed Strategy 2 – Russell® 2000 Index, Hang Seng Index & Eurostoxx 50®	%	%
Total:	100%	100%

Owners Statement:

I understand that I am applying for a fixed indexed insurance product and that the values in the contract may be affected by an external index. The contract does not directly participate in any stock equity investments. The statements and answers given in this supplement are true, complete and correctly recorded to the best of my knowledge and belief. Upon written request, the company is required to provide reasonable factual information regarding the benefits and provisions of the policy/contract. If for any reason I/We are not satisfied with the contract/policy, I/We may return it to the Company or any of its agents within thirty (30) days from the date I/We received it for a full refund of the premium paid.

Signed at (City/State): _____ Date: _____

X _____

Signature of Owner/Proposed Insured

X _____

Signature of Joint Owner/Proposed Insured

Agent Name (please print)_____
Agent Number**X** _____

Signature of Agent



BC070245



LIFE INSURANCE COMPANY
4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067

Policy # _____ (provided at telephone interview)

Point of Sale Application

Proposed Insured Information

Name: _____ Sex: ☐ Male
(First) (MI) (Last) ☐ Female
Date of Birth: _____ Height: _____ Weight: _____ State of Birth: _____ Country of Citizenship: _____
Social Security Number: _____ Driver's License Number & State: _____
Residence Address: _____
(Street) (City) (State, Zip)
Former Residence (if at current address less than 2 years): _____
(Street) (City) (State, Zip)
Phone #: Home () _____ Work () _____ Other () _____
Occupation: _____ Employer's Name: _____
Annual Earned Income: \$ _____ How Long with Current Employer: _____
Are you a U.S. citizen? ☐ Yes ☐ No If No, please provide alien registration #: _____

Coverage Information

Plan Applied For: _____ Premium Class Quoted: _____
Policy ☐ Accidental Death Benefit ☐ Waiver of Premium ☐ Critical Care Rider
Riders: ☐ Accident Disability Income Rider ☐ Return of Premium ☐ Critical Illness Rider
☐ Children's Term Rider (Complete Children's Term Rider Application) ☐ Other _____
Face Amount Applied For: _____ Premium Collected With Application: _____
Planned Modal Premium: _____ Lump Sum/1035 Exchange: _____
Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly EFT ☐ Draft Initial Premium? ☐ Yes ☐ No Billing Method: ☐ Individual ☐ List/Group Bill

Policy will be placed in the premium class for which the Insured(s) qualifies, unless advised otherwise

Owner Information (If Trust please provide copy of title & signature page)

Owner (if other than Proposed Insured): (First) _____ (MI) _____ (Last) _____
Relationship: _____ SSN or Tax ID: _____ Date of Birth/Trust: _____
Address: _____ City _____ State _____ Zip _____
Are you a U.S. citizen? ☐ Yes ☐ No If No, please provide alien registration #: _____

Beneficiary Information (If Trust please provide copy of title & signature page)

Primary Beneficiary: (First) _____ (MI) _____ (Last) _____
Relationship: _____ SSN or Tax ID: _____ Date of Birth/Trust: _____
Contingent Beneficiary: (First) _____ (MI) _____ (Last) _____
Relationship: _____ SSN or Tax ID: _____ Date of Birth/Trust: _____

Additional Proposed Insured Information

Name: (First) _____ (MI) _____ (Last) _____ Sex: ☐ Male ☐ Female
Date of Birth: _____ Height: _____ Weight: _____ State of Birth: _____
Social Security Number: _____ Driver's License Number & State: _____
Residence Address: _____
(Street) (City) (State, Zip)
Former Residence (if at current address less than 2 years): _____
(Street) (City) (State, Zip)
Phone #: Home () _____ Work () _____ Other () _____
Occupation: _____ Employer's Name: _____
Annual Earned Income: \$ _____ How Long with Current Employer: _____
Are you a U.S. citizen? ☐ Yes ☐ No If No, please provide alien registration #: _____



Coverage In Force/Replacement Information					
1. Do You intend to replace or change any life insurance or annuity in this or any other company as a result of this application? <i>(If yes please list below and complete replacement form)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Does any Proposed Insured have any other life insurance in force or is any application for life insurance or reinstatement now pending or been applied for in the last 90 days? <i>(Please list below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Insured	Company	Policy #	Amount	Issue Date	Plan Type

Physician Information		
Insured	Physician Name/Address/Phone	Date/Reason of last visit

Medical and Personal History Information <i>(For all yes answers provide details on page 3)</i>	Proposed Insured	Additional Proposed Insured
1. In the last 36 months has any Proposed Insured used any form of tobacco or nicotine products including cigarettes, cigars, pipes, chewing tobacco, snuff, nicotine patches, or gum? <i>(If yes, date of last use _____)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Proposed Insured had any positive results from an FDA-approved test or been diagnosed or treated by a Licensed Physician for the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any Proposed Insured presently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. During the past 10 years has any Proposed Insured been treated by a physician for or been diagnosed as having:		
a) high blood pressure, chest pains, heart attack or failure, strokes or any other disease or disorder of the heart or blood vessels, irregular heart rhythm;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) kidney stones, sexually transmitted disease or any other disease or disorder of the kidneys to include kidney failure or insufficiency, bladder, urinary, prostate or reproductive system;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) diabetes, high or low blood sugar, thyroid, lymphatic system or any other glandular disease or disorder;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) ulcers, hepatitis or any other disease or disorder of the liver, gallbladder, pancreas, stomach, rectum or intestines;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) asthma, emphysema or any other disease or disorder of the lungs or respiratory system, sleep apnea;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) any disease or disorder of the skeletal, muscular or digestive system;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) internal cancer, leukemia, or melanoma;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) epilepsy, convulsions, headaches, emotional or mental conditions or any other disease or disorder of the brain or the nervous system;	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) alcoholism or drug abuse (MN residents, do not answer);	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) high cholesterol, anemia or any other disease or disorder of the blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any Proposed Insured been hospitalized or advised to be hospitalized or advised by a physician to have any diagnostic test or surgery that was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any Proposed Insured been postponed, declined or rated for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Authorization and Acknowledgement

The undersigned Owner and Proposed Insured declare: By completing this life insurance application, I understand that I am applying for life insurance coverage issued by Sagicor Life Insurance Company ("SLIC"). I understand and consent that this application and information obtained pursuant to this authorization may be used by SLIC to evaluate my eligibility for life insurance. For underwriting and claims purposes, I authorize any licensed physician, medical practitioner, any hospital, laboratory, clinic or medically related facility, the Veteran's Administration, any insurance or reinsuring company, the Medical Information Bureau, Inc ("MIB"), any consumer reporting agency or insurance support organization, Pharmacy Benefit Manager, my employer, or any other organization to release to SLIC or their authorized representatives (including any consumer reporting agency) acting on their behalf, all information requested by SLIC about me or any of my minor children proposed to be insured. This includes but is not limited to: medical consultations, treatments or surgeries; hospital confinements for physical and mental conditions; any medical information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and treatment of me or any of my minor children proposed to be insured; use of drugs or alcohol; prescription drug records and related information maintained by physicians, pharmacy benefit managers and other sources. Any non-medical information about me or my minor children who are to be insured could include items such as information relating to employment, personal finances, habits, other insurance coverage, motor vehicle records, avocations, general reputation, and other personal characteristics. By this authorization, each physician, medical practitioner, hospital, clinic, or medically related facility contacted by SLIC is instructed to provide the entire medical record in its possession concerning me or any of my minor children proposed to be insured. I understand and agree that SLIC may disclose all or some of my information to its insurance administrators, its reinsurance companies, the agent who solicited my application and his or her principals, the MIB, and other persons or organizations performing business or legal services in connection with my application.

This authorization shall be valid for 30 months (24 months in WY, WV, NM, KS and KY) following the date of my signature on this application. I understand that I may receive a copy of the authorization upon request. I agree that a photographic copy of this authorization shall be as valid as the original. I understand that I may revoke this authorization at any time by sending written notice to SLIC at their home office. I understand that my right to revoke this authorization is limited to the extent that SLIC has taken action in reliance on the authorization. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I, or an authorized representative named by me, may request to be interviewed in connection with any consumer report and may request a copy of that report and this authorization.

To the best of my knowledge and belief, the statements and answers given on this form are true, complete, and correctly recorded. I understand that no liability exists for Sagicor Life Insurance Company until a policy is delivered and accepted by the owner, first full premium is paid and there has been no change in the health of the proposed insured that would change any of the answers in this application. I understand and agree that no agent may: accept risks or pass upon insurability; make or modify contracts; or waive any of the insurer's rights or requirements. I have received a copy of the "Disclosure Notice to Proposed Insured", and "Accelerated Benefit Insurance Rider Disclosure Statement".

I have received and read the "Fraud Warning" applicable to my state on page 6.

To help the government fight the funding for terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you apply for life insurance, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If you wish to have more detailed explanation of our information practices, please write to: Sagicor Life Insurance Company. Attention Compliance Department, P.O. Box 52121, Phoenix AZ, 85072-2121.

Under the penalties of perjury by my signature on this application, I certify that: (1) the Social Security number shown on this application is my correct taxpayer identification number and, (2) I am not subject to back-up withholding either because I have not been notified by the IRS that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to back-up withholding.

Signed at (City, State) _____	On (date) _____
X _____ Proposed Insured (If a minor, signature of parent or guardian)	X _____ Additional Proposed Insured (If a minor, signature of parent or guardian)
X _____ Owner (If other than Proposed Insured)	
_____ Writing Agent Name (Please Print)	_____ Writing Agent #
X _____ Writing Agent Signature	X _____ Countersigned (Licensed resident agent if state required)

Agent's Report

To be completed by the Agent. For questions about this application or requirements, contact the underwriting department.

Agent Name (Please Print)	Agent ID #	% Split

Each licensed agent will share equally unless otherwise indicated.

Compliance Information

1. Have you delivered the Consumer Protection Notices to the Proposed Insured(s) and/or Owner? ☐ Yes ☐ No
2. Did you personally meet with the Proposed Insured and/or Owner and review their SSN/Government issued ID? (If No, explain below) ☐ Yes ☐ No
3. If premium was accepted, was the Conditional Receipt completed and delivered to the Owner? ☐ Yes ☐ No
4. Will any annuity or life insurance presently in force be replaced or changed by this policy applied for? (If Yes, and if required by state regulation, any Replacement Comparison, Notice, or Statement must accompany this application) ☐ Yes ☐ No
1035 Exchange (attach required forms) ☐ External ☐ Internal

Proposed Insured/Owner Information

1. How long have you known the Proposed Insured and/or Owner? _____
2. Are you related? ☐ Yes ☐ No How? _____
3. Is Proposed Insured and/or Owner a U.S. Citizen? ☐ Yes ☐ No
If "No", how long in U.S.? _____ Type of Visa? _____
4. Was any other person present to answer questions? ☐ Yes ☐ No
If "Yes", who and why? _____
5. Does the Proposed Insured and/or Owner speak and understand English? ☐ Yes ☐ No
6. What is the purpose of the insurance? _____
7. Do you know anything not disclosed in this application that may affect the risk of life insurance? ☐ Yes ☐ No
If "Yes", explain _____

8. Remarks _____

Agent's Certification

I certify that I saw and know the Proposed Insured(s) and/or Owner to be the person(s) described in this application and have truly and accurately recorded the information supplied by the Proposed Insured and/or Owner, that I know of no condition affecting the eligibility of insurability of the Proposed Insured not fully set forth in this application, and that I have made no declaration, representation, or waiver regarding coverage or the provisions or terms of the application or policy. I further certify that I am licensed in the state in which this application was completed and have delivered all required notices and disclosures and fully complied with all privacy and replacement regulations. I also assume full responsibility for the delivery of the policy and the submission of the first premium.

Signed (Writing Agent) ☒ _____ Agent # _____ Date _____
Phone # _____ Fax # _____ E-Mail _____

Fraud Warning

For your protection the law requires the following to appear on this form.

Arkansas, North Dakota, South Dakota and Texas Residents Only: Any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties Include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Kentucky Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents Only: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

In all other states: We are required to advise You of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Electronic Funds Transfer (EFT) Authorization

(PROPOSED) INSURED INFORMATION – Please print or type

Full Name (Last Name, First, M.I.)	SSN	Policy Number (if known)
------------------------------------	-----	--------------------------

TYPE OF REQUEST:

- ☐ FIRST REQUEST FOR EFT PLAN – attach voided check
- ☐ ADD TO EXISTING EFT UNDER POLICY # _____
- ☐ CHANGE OF BANK, ACCOUNT NUMBER – allow 15 days for change processing.

Withdrawal Day of the Month (1st – 28th only): _____

EFT Date will be the same as policy date unless otherwise indicated.

APPLICATION AND/OR POLICIES TO BE INCLUDED IN THIS EFT PLAN:

Insured Name	Policy Number	Premium
_____	_____	_____
_____	_____	_____

I hereby request and authorize Sagicor Life Insurance Company ("SLIC"), upon issuance of this policy, to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated below. This authorization will remain in effect until revoked by me or by SLIC upon thirty (30) days written notice. I understand that if a debit or withdrawal is not honored by the financial institution, SLIC will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be redeposited by SLIC at its sole discretion. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, SLIC shall be under no liability whatsoever even though such dishonor results in the lapse of insurance.

BANK INFORMATION – Please print or type

Bank Name	Transit/ABA Number	Bank Account Number	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address	City	State	Zip
			Bank Phone Number

Authorized Signature **X** _____ Date _____

PLEASE ATTACH YOUR VOIDED CHECK HERE

Conditional Receipt ("Receipt")

Detach and leave this page with the Proposed Insured and/or Owner if money is submitted with the application. If within the past 3 years any Proposed Insured and/or Owner has been treated for or consulted with a physician concerning heart disease, stroke, or cancer, no payment may be accepted with the application.

Make all checks payable to Sagicor Life Insurance Company. Do not make checks payable to the agent or leave the payee blank.

Received from _____ as the Proposed Insured and/or Owner, the sum of \$_____, for the insurance application dated _____, with _____ as the Proposed Insured and/or Owner. The policy you applied for will not become effective unless and until a policy contract is delivered to you and all other conditions of coverage are met. However, subject to the conditions and limitations of this Receipt, conditional insurance under the terms of the policy applied for may become effective as of the later of (1) the date of application and (2) the date of the last medical examination, test, and/or other screening required by the Company, if any (the "Effective Date").

Such conditional insurance will take effect as of the Effective Date, so long as all of the following requirements are met:

1. Each Proposed Insured is found to have been insurable as of the Effective Date, exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;
2. As of the Effective Date, all statements and answers given in the application must be true;
3. The payment made with the application must not be less than the full initial premium for the mode of payment chosen in the application and must be received at our Home Office within the lifetime of the Proposed Insured;
4. All medical examinations, tests, and other screenings required of the Proposed Insured by the Company are completed and the results received at our Home Office within 90 days of the date the application was completed; and
5. All parts of the application, any supplemental application, questionnaires, addendum and/or amendment to the application are signed and received at our Home Office.

Any conditional coverage provided by this Receipt will terminate on the earliest of: (a) 90 days from the date the application was signed; (b) the date the Company either mails notice to the Proposed Insured and/or Owner of the rejection of the application and/or mails a refund of any amounts paid with the application; (c) when the insurance applied for goes into effect under the terms of the policy applied for; or (d) the date the Company offers to provide insurance on terms that differ from the insurance coverage applied for.

The aggregate amount of conditional coverage provided under this Receipt, if any, and any other conditional receipt issued by the Company shall be limited to the lesser of the amount(s) applied for or [\$250,000] of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

If one or more of this Receipt's conditions have not been met exactly, or if a Proposed Insured dies by suicide, the Company will not be liable except to return any premium made with the application.

If the Company does not approve and accept the application for insurance within 90 days of the date the Proposed Insured and/or Owner signed the application, the application will be deemed to be rejected by the Company and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment(s) you have made upon return of this Receipt to the Company.

This Receipt is not valid unless all blanks are completed above and this Receipt is signed by an agent. This Receipt does not provide any conditional insurance until all of the conditions and requirements are met as outlined above.

Dated at _____ on _____ X _____
City, State Date Agent's signature
Agent #



LIFE INSURANCE COMPANY
4343 N. Scottsdale Rd., Suite 300
Scottsdale, Arizona 85251/800-531-5067

Disclosure Notice to Proposed Insured

Leave with Proposed Insured

Investigative Consumer Report Notice

You are our most important source of information, but personal information may also be collected from other persons. Such information as well as other personal or privileged information later collected by us or your agent, may in certain circumstances, be disclosed to third parties without your authorization.

In connection with your application for insurance, an investigative consumer report may be prepared, in which information is obtained from public records and through personal interviews with your neighbors, friends, employers, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. Upon written request to the Company, further information on the nature and scope of the report will be provided.

Information Practices

Personal information we obtain during the underwriting process is private and confidential. We will not disclose such information to other persons or organizations without your written authorization except to the extent necessary to conduct our business, or as permitted or required by law. You have the right to be told about and obtain access to certain items of personal information in our files. You also have the right to request correction of information you believe to be inaccurate. If you would like to receive a more detailed explanation of our information practices, please write to:

Sagicor Life Insurance Company
Attention: Compliance Department
P O Box 52121
Phoenix, AZ 85072

Medical Information Bureau (MIB) Notice

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the Fair Credit Reporting Act. The address of MIB's information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112. MIB's telephone number is (617) 426-3660.

Sagicor Life Insurance Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

1005 VARIABLE ITEMS

Page 2 – Guide To Contract Provisions

Page Numbers

Page 3- Contract Data Page

Insured Name, Age, Sex and Premium Class:

Policy Number, Face Amount and Policy Date:

Single Premium:

Bonus Interest: [0% - 10%]

Maximum Policy Expense Charge Factor: [\$0.00 – 100.00]

Maximum Loan Interest Rate: [1% - 10.00%]

SURRENDER CHARGE PERCENTAGE TABLE

Policy Year	Percentage
[1	0 - 12%
2	0 - 12%
3	0 - 11%
4	0 - 10%
5	0 - 9%
6	0 - 8%
7	0 - 7%
8	0 - 6%
9	0 - 4%
10	0 - 2%
11+	0%]

Page 7 – Declared Rate Strategy [1]

INITIAL INTEREST RATE: [2% - 10%]

Page 8 – Indexed Strategy [1]

TERM PERIOD: [1 YEAR]

INDEX: [S&P 500[®]]

MINIMUM PARTICIPATION RATE: [1% - 100%]

MINIMUM CAP: [0% - 100%]

INITIAL PARTICIPATION RATE: [1% - 100%]

INITIAL CAP: [0% - 100%]

Page 7 - INDEXED STRATEGY [2]

TERM PERIOD: [3 YEARS]

INDEX [1]: [Russell[®] 2000]

INDEX [2]: [Eurostoxx 50[®]]

INDEX [3]: [Hang Seng Index]

MINIMUM PARTICIPATION RATE: [1% - 100%]

INITIAL PARTICIPATION RATE: [1% - 100%]

WEIGHTING [A]: [0% - 100%]

WEIGHTING [B]: [0% - 100%]

WEIGHTING [C]: [0% - 100%]

NSP

Issue Age	MNS	MSM	FNS	FSM
18	0.1175	0.1475	0.1010	0.1276
19	0.1213	0.1519	0.1045	0.1320
20	0.1253	0.1565	0.1083	0.1366
21	0.1294	0.1614	0.1121	0.1414
22	0.1337	0.1664	0.1162	0.1463
23	0.1381	0.1716	0.1203	0.1515
24	0.1428	0.1771	0.1247	0.1569
25	0.1476	0.1828	0.1292	0.1625
26	0.1527	0.1887	0.1340	0.1683
27	0.1579	0.1948	0.1388	0.1743
28	0.1633	0.2011	0.1439	0.1806
29	0.1689	0.2077	0.1491	0.1870
30	0.1748	0.2145	0.1545	0.1936
31	0.1809	0.2217	0.1601	0.2005
32	0.1873	0.2291	0.1660	0.2076
33	0.1940	0.2368	0.1720	0.2149
34	0.2009	0.2448	0.1782	0.2224
35	0.2081	0.2531	0.1846	0.2302
36	0.2155	0.2617	0.1912	0.2381
37	0.2232	0.2705	0.1981	0.2463
38	0.2311	0.2797	0.2051	0.2548
39	0.2393	0.2890	0.2124	0.2635
40	0.2478	0.2987	0.2200	0.2725
41	0.2566	0.3085	0.2278	0.2818
42	0.2656	0.3187	0.2359	0.2914
43	0.2748	0.3290	0.2443	0.3012
44	0.2844	0.3395	0.2529	0.3113
45	0.2941	0.3502	0.2618	0.3217
46	0.3042	0.3610	0.2709	0.3323
47	0.3144	0.3721	0.2803	0.3431
48	0.3250	0.3834	0.2899	0.3542
49	0.3360	0.3951	0.2997	0.3654
50	0.3473	0.4070	0.3098	0.3767
51	0.3589	0.4193	0.3202	0.3882
52	0.3708	0.4318	0.3307	0.3997
53	0.3830	0.4444	0.3414	0.4114
54	0.3954	0.4572	0.3524	0.4232
55	0.4080	0.4700	0.3636	0.4351
56	0.4209	0.4828	0.3749	0.4470
57	0.4339	0.4956	0.3865	0.4590
58	0.4472	0.5086	0.3982	0.4711
59	0.4607	0.5218	0.4102	0.4833
60	0.4745	0.5351	0.4223	0.4956
61	0.4885	0.5484	0.4347	0.5080
62	0.5026	0.5617	0.4473	0.5205
63	0.5168	0.5748	0.4601	0.5331
64	0.5310	0.5877	0.4731	0.5458
65	0.5452	0.6006	0.4864	0.5585
66	0.5596	0.6133	0.4999	0.5714

CORRIDOR FACTORS

MNS	MSM	FNS
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8.24402	6.58328	9.56938
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7.24113	5.82751	8.31255
7.00280	5.64653	8.01925
6.77507	5.47046	7.73994
6.54879	5.29942	7.46269
6.33312	5.13347	7.20461
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5.72082	4.66200	6.47249
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68	0.5886	0.6390	0.5274	0.5974	1.69895	1.56495	1.89609
69	0.6034	0.6520	0.5414	0.6105	1.65728	1.53374	1.84706
70	0.6183	0.6651	0.5556	0.6235	1.61734	1.50353	1.79986
71	0.6332	0.6783	0.5699	0.6365	1.57928	1.47427	1.75469
72	0.6481	0.6914	0.5842	0.6494	1.54297	1.44634	1.71174
73	0.6629	0.7043	0.5987	0.6623	1.50852	1.41985	1.67029
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75	0.6923	0.7300	0.6278	0.6875	1.44446	1.36986	1.59286
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77	0.7212	0.7551	0.6569	0.7122	1.38658	1.32433	1.52230
78	0.7353	0.7673	0.6715	0.7245	1.35999	1.30327	1.48920
79	0.7492	0.7792	0.6860	0.7366	1.33476	1.28337	1.45773
80	0.7626	0.7907	0.7005	0.7486	1.31130	1.26470	1.42755
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82	0.7881	0.8124	0.7287	0.7713	1.26887	1.23092	1.37231
83	0.8002	0.8227	0.7423	0.7818	1.24969	1.21551	1.34716
84	0.8119	0.8327	0.7555	0.7919	1.23168	1.20091	1.32363
85	0.8231	0.8423	0.7683	0.8015	1.21492	1.18723	1.30157
86	0.8337	0.8513	0.7809	0.8108	1.19947	1.17467	1.28057
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93	0.8904	0.8983	0.8573	0.8677	1.12309	1.11321	1.16645
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96	0.9074	0.9124	0.8834	0.8900	1.10205	1.09601	1.13199
97	0.9125	0.9166	0.8894	0.8948	1.09589	1.09099	1.12435
98	0.9172	0.9206	0.8951	0.8994	1.09027	1.08625	1.11719
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104	0.9395	0.9397	0.9324	0.9325	1.06440	1.06417	1.07250
105	0.9428	0.9429	0.9375	0.9376	1.06067	1.06056	1.06667
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June 12, 2007

RE: Sagicor Life Insurance Company
NAIC Company Code: 60445
FEIN: 74-1915841
Letter of Authorization for Form and Rate Filings

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Westmont Associates, Inc. is hereby authorized to file form and rate filings on behalf of Sagicor Life Insurance Company.

Bart F. Catmull, Chief Operating Officer

ILLUSTRATION ACTUARY CERTIFICATION

I, LeRoy Pruitt, as the Illustration Actuary for Sagicor Life Insurance Company ("the Company") do hereby certify that:

1. I am a member in good standing of the American Academy of Actuaries and familiar with the standard of practice regarding life insurance policy illustrations. I have not been found guilty by any state insurance commissioner of fraudulent or dishonest practices, or demonstrated any incompetence, lack of cooperation or untrustworthiness to act as an illustration actuary. I have not resigned or been removed as an illustration actuary within the past 5 years a result of any acts or omissions as indicated in any adverse report of examination or as a result of a failure to adhere to generally acceptable actuarial standards, or failed to notify any commissioner of any such action taken.
2. The disciplined current scale used in this illustration is in conformity with the Actuarial Standards of Practice for compliance with the NAIC Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board, and that the illustrated scales used in the Company's illustrations meet the requirements of the regulations.
3. This is a new product filing there have been no prior certifications. The Company does not have any similar policies in force. The non-guaranteed element illustrated for this policy form are the non-guaranteed elements that will actually be paid, charged or credited to the this policy form.
4. Overhead expenses for the policy form are fully allocated.



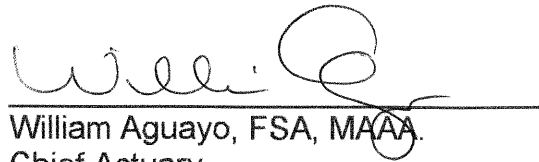
LeRoy Pruitt, ASA, MAAA, CLU
Pricing Actuary
Sagicor Life Insurance Company
(480) 425-5100 Ext. 5618

August 2, 2007

ILLUSTRATION OFFICER CERTIFICATION

I, William Aguayo, as the Illustration Officer for Sagicor Life Insurance Company ("the Company"), do hereby certify that:

1. The illustration formats meet the requirements of the regulations and that the scales used in the Company's authorized illustrations are those scales certified by the illustration actuary; and
2. The company has provided its agents with information about the expense allocation method used by the Company in its illustrations and disclosed as required by the regulations.



William Aguayo, FSA, MAAA.
Chief Actuary
Sagicor Life Insurance Company

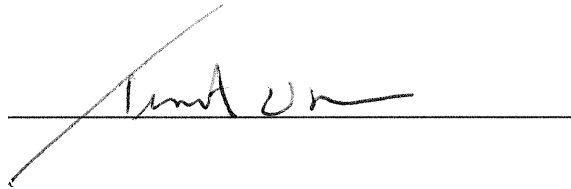
August 2, 2007

Sagicor Life Insurance Company

Home Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251
Administrative Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

CERTIFICATION OF COMPLIANCE

I certify that to the best of my knowledge, information and belief, the advertisements which were disseminated by Sagicor Life Insurance Company in Arkansas during the preceding statement year complied or were made to comply in all respects with the provisions of these Rules and Regulations and the laws of the State of Arkansas as implemented and interpreted by these rules.

A handwritten signature in black ink, appearing to read "Lundon", is written over a horizontal line. A diagonal line is drawn across the signature from the bottom left towards the top right.

Dated: 10/25/07

Sagicor Life Insurance Company

Home Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251
Administrative Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

CERTIFICATION OF COMPLIANCE

I certify that Sagicor Life Insurance Company will address external-indexed policies separately in the annual actuarial opinion and memorandum addressing each year the amount and type of assets held and the level of reserves and how developed.

A handwritten signature in black ink, appearing to read "L. R. Smith", is written over a horizontal line.

Dated: 11/12/07

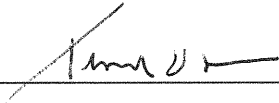
Sagicor Life Insurance Company

Home Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

Administrative Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

CERTIFICATION OF COMPLIANCE WITH AGENT EDUCATION REQUIREMENTS

I certify that the Fixed Indexed Single Premium Whole Life Insurance Policy, Form 1005 will not be solicited by any person who is not trained and qualified.



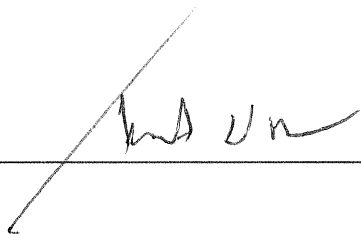
Dated: 10/25/07

Sagicor Life Insurance Company

Home Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251
Administrative Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

CERTIFICATE OF COMPLIANCE FOR POLICY SUMMARY DISCLOSURE

I certify that I have reviewed the attached Policy Summary Disclosure and that to the best of my knowledge it meets the requirements set forth in the External-Indexed Contract Guidelines as well as all applicable requirements of the Arkansas Insurance Department.



A handwritten signature in black ink, appearing to read "L. D. V. N.", is written over a horizontal line.

Dated: 10/25/07

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Disability Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net is called the Arkansas Life and Disability Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(continued on next page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal Law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligation to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000—no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values—again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



WESTMONT
ASSOCIATES, INC.

November 14, 2007

via SERFF

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
Attn.: Life Insurance Division

Re: Sagicor Life Insurance Company
NAIC Company Code: 60445
FEIN: 74-1915841
SERFF Filing No.: WESA-125356788
Individual Policy and Form Filing
Fixed Indexed Single Premium Whole Life Insurance Policy Form 1005
Fixed Indexed Supplemental Application Form 5018
Illustration Form 7019
Disclosure Supplement to Application Form 7024
Supplemental Illustration for Loans Form 7025
Supplemental Illustration for Chronic Illness Form 7026
Annual Statement Form 4048
Company Information Page Form 7027
Advertising Brochure Form 9008
Statement of Policy Cost and Benefit Information Form 7023
Statement of Variability
Index Whole Life Factors
Illustration Certifications
Actuarial Memorandum
Certificate of Compliance for Annual Actuarial Opinion and Memorandum
Certification of Compliance for Rule 19
Readability Certification
Certification of Compliance for Advertising Materials
Certification of Compliance with Agent Education Requirements
Certification of Compliance for Policy Summary Disclosure
Letter of Authorization
Arkansas Notice to Policyholders Form S0034A (AR)
Arkansas Guaranty Association Notice Form GA (AR)

Honorable Commissioner Bowman:

On behalf of Sagicor Life Insurance Company ("Sagicor"), Westmont Associates, Inc. is submitting a Fixed Indexed Single Premium Whole Life Insurance Policy along with the forms listed above for review and approval pursuant to Ark. Code Ann. §23-79-109(a)(1). An authorization letter permitting Westmont Associates, Inc. to submit this filing was previously submitted.

The enclosed forms are new and do not replace any previously approved forms. Also enclosed for review and approval are an Actuarial Memorandum and rates.

The Fixed Indexed Single Premium Whole Life Insurance Policy is a single premium Policy that is payable upon the death of the owner. Five Settlement options will be available. The policy is non-participating and is individually underwritten through a simplified underwriting process.

Sagicor intends to offer multiple investment strategies. Initially, those strategies will be the Declared Rate strategy, the S&P 500® strategy, and a Multi Index strategy. The S&P 500® strategy is a one year, point-to-point strategy, with the maximum interest rate equal to the cap. The Multi-Index strategy is a three-year, point to point strategy, with a varying participation rate. For the Declared Rate strategy, the interest rate for the year is declared annually.

The following approved forms will be used with the above forms:

Application, Form 5009 [Approved 07/25/07] [SERFF Tracking # AMFD-125220404]
Product Suitability Form 5015 [Approved 06/25/07] [SERFF Tracking # AMFD-125146616]
Accelerated Benefit Insurance Rider Form 6013 [Approved 05/01/07] [SERFF Tracking # AMFD-125121880]
Accelerated Benefit Insurance Rider Disclosure Statement Form 6017 [Approved 05/01/07] [SERFF Tracking # AMFD-125121880]

These forms will be illustrated using the base illustration form 7019 and/or the supplemental illustration forms 7025 and 7026. Form 7025 illustrates loans and Form 7026 illustrates chronic illness. Form number 7019 is for both the Base Summary Illustration and the Base to Maturity Illustration. The agent will have the option to choose the summary illustration or age to maturity illustration. Form number 7027 is the Company Information page that will be used with this illustration, along with other illustrated products that Sagicor may develop in the future.

This policy form will be sold by licensed general agents. The process will conform to your State's requirements with respect to consumer disclosures, signatures (UETA) and right to examine provision.

Sagicor requests approval of bracketed information on a variable basis to reflect different account information. A statement of variability is enclosed. Please be assured that these forms will be used in accordance with all applicable state laws and regulations.

The attached forms have been completed in a John Doe fashion.

Please note that Sagicor may change the appearance and pagination but not the text of these forms to comply with future changes in print systems. No font will be less than a 10 point font size. The color and/or weight of the paper on which these forms are printed may change. No changes to the text other than correction of typographical errors will be made to the forms without re-filing them with you.

These products are being submitted concurrently to Sagicor's domiciliary state of Texas.

In accordance with Arkansas' filing requirements, please find the following:

- **Cover Letter**
- **Letter of Authorization**
- **Statement of Variability**

- **Index Whole Life Factors**
- **Actuarial Memorandum**
- **Illustration Certifications**
- **Readability Certification**
- **Certificate of Compliance for Annual Actuarial Opinion and Memorandum**
- **Certification of Compliance with Rule 19**
- **Certification of Compliance for Advertising Materials**
- **Certification of Compliance with Agent Education Requirements**
- **Certification of Compliance for Policy Summary Disclosure**
- **Arkansas Notice to Policyholders Form S0034A (AR)**
- **Arkansas Guaranty Association Notice Form GA (AR)**
- **Forms**

If you have any questions regarding this submission, please do not hesitate to contact me. Thank you for your attention to this matter.

Respectfully Submitted,



Darcy Lebau

Darcy@westmontlaw.com

Encl.

Sagicor Life Insurance Company

Home Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251
Administrative Office: 4343 N. Scottsdale Road, Suite 300, Scottsdale, AZ 85251

CERTIFICATE OF COMPLIANCE

I Bart F. Catmull, Chief Operating Officer, of Sagicor Life Insurance Company, hereby certify that Sagicor Life Insurance Company has reviewed Arkansas' External Index Guidelines. I further certify that the Fixed Indexed Single Premium Whole Life Insurance Policy filing is in compliance with Arkansas' External Index Guidelines.



Signature

Dated: June 17, 2008